



101, 4610 – 50 Street, Bonnyville, AB T9N 0G2 Phone: 780-826-3346 Fax: 780-826-6362
Website: bonnyvillemedicalclinic.ca

Medical Cannabis Referral Form

Patient Name: _____

<patient sticker here>

Referring Provider:

Provider PRACID:

Patient Contact Phone #:

Symptoms & Patient Diagnosis:

Treatments tried:

Current medication list:

Please include evidence of diagnosis such as special investigations or specialist reports if available.