

**Vital Health Pharmacy #2, Kelowna**

560 West Avenue Kelowna, B.C. V1Y 4Z4

**Phone: 778-738-3195**

**Fax: 778-738-3196**

**IV INFUSION OR INJECTION REFERRAL FORM, KELOWNA**

Today's date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient Name: \_\_\_\_\_ PHN#: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Patient status & diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_

**Special instructions prior to treatment:**

\_\_\_\_\_  
\_\_\_\_\_

**Prescription:**

\_\_\_\_\_

Repeats X \_\_\_\_\_ Frequency \_\_\_\_\_

Route of Administration : IV \_\_\_ IM \_\_\_ SC \_\_\_

\_\_\_\_\_

**MD Signature**

**License # (print clearly)**

\_\_\_\_\_

**MD Name (Please print)**

**MD Fax #**

**MD Phone #**

For Injection at :

**Vital Health Pharmacy #2, 560 West Avenue, Kelowna (patients call to confirm at 778-738-3195)**

**Target date for first Injection / Infusion:** \_\_\_\_\_

**Other Instructions / notes:**

\_\_\_\_\_

**SEND BY FAX TO VITAL HEALTH PHARMACY AT 778-738-3196**

**THE RECEIVED COPY WILL BE THE ORIGINAL PRESCRIPTION**