

Vital Health Pharmacy & Medical IV Clinic #1
1825 Fort Street, Victoria, BC V8R 1J6
Fax: 778-433-7071
Phone: 778-433-6060

IV Infusion or Injection
REFERRAL FORM

Patient Label	
(Name)	_____
(PHN)	_____
(DOB)	_____
(Phone)	_____
(Address)	_____

Today's date ____/____/____

Patient status, including known allergies:

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 administration at :

Vital Health Pharmacy 1825 Fort Street (across from RJH at Fort and Bank Street, 778-433-6060)

Other location: _____

Target date for first Injection / Infusion: _____

Other Instructions / notes:

SEND BY FAX TO VITAL HEALTH PHARMACY AT 778-433-7071
THE RECEIVED COPY WILL BE THE ORIGINAL PRESCRIPTION