UBC Hospital – Medical Daycare/Infusion Clinic
2nd Floor - 2215 Wesbrook Mall
Vancouver, BC V6T 1Z3
Phone: 604 822 7723 Fax: 604 822 9657

Medical Daycare/Infusion Clinic Referral Form

Patient Information

Surname:	First name:
Date of Birth (DD/MM/YYYY):	
PHN:	MRN:
Address:	
Telephone Home:	Cell:

Addressograph Accepted

Referral Source

Physician Name:	
Procedure Requested:	
Billing Number:	
Address:	
Phone Number:	Fax Number:

For Research Patients Only

	Time In:	Time Out:
	Date Requested:	

☐ Is this a repeating appointment, if so, how often?

☐ Are any tests required prior to this infusion? Have they been completed?

☐ If this procedure requires a consent, please attach the signed consent.

☐ Please include completed physicians orders and allergy status form all signed and dated, as well as any supporting documents.

Please note **that we only accept referrals from physicians with UBC Hospital ordering privileges.**
Patients must be also be independent. (Able to walk/eat/use the restroom on their own.)

Please fax referral and supporting documents to: 604-822-9657
We will contact the patient directly to book an appointment.

For questions, please contact the clinic at 604-827-1097or email at CBHInfusionClinic@vch.ca