

Preferred VIRCAN site:

TORONTO MIDTOWN, 1975 Avenue Rd., 2nd Fl.
P: 416-922-6022 | F: 416-927-9100

RICHMOND HILL, 328 Hwy 7 E., Suite 301
P: 905-771-8821 | F: 905-771-8481

SCARBOROUGH, 3030 Lawrence Ave E., Suite 510
P: 416-431-4402 | F: 416-431-0762

ETOBICOKE, 817 Brown's Line
P: 416-503-2626 | F: 416-503-2665



Please advise patients to bring a complete list of all current medications and supplements

Patient Information:		Referring Physician Info: (or Stamp here)	
Last: _____	First: _____	Last: _____	First: _____
Gender: M F	Date of Birth: _____ (DD/MM/YY)	Suite #: _____	Address: _____
Apt: _____	Address: _____	_____	
City: _____	Prov.: _____	Postal Code: _____	City: _____
Home phone: () _____	Cell Phone: () _____	Phone: () _____	Fax: () _____
Preferred Language Spoken to: _____	**OHIP Provider # ** <input style="width: 150px; height: 20px;" type="text"/>		
Health card # (or IFH or UHIP): _____		Signature: _____	
VC: _____	Prov.: _____		

VIRCAN REFERRAL REQUEST:	
REASON FOR REFERRAL (or QUESTION to be answered):	
Elevated Liver Enzymes	Fatty Liver
Hepatitis B	Autoimmune
Hepatitis C	Cirrhosis
OTHER: _____ _____	
Patient is pregnant	Due Date: _____ (**for Hep B patients)
Additional Clinical Information: (please add additional pages if required)	