



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: _____ Prov.: _____ Postal Code: _____
Home phone: () Cell Phone: ()	Phone: () Fax: ()
Preferred Language Spoken to: _____	** OHIP Provider # **
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)	