



Program Referral Form

Patient Name: _____

DOB: _____

Tel: (Home) _____

Tel: (Mobile) _____

Health Card #: _____

Referring Physician: _____

Office Name: _____

Tel: _____

Fax: _____

Medical History/Chronic Condition Details:

Relevant Medication:

ABOUT US:

Since 2013, Weight2Lose Medical Clinics has helped thousands of patients each year lose weight and address the underlying causes of chronic conditions such as obesity, type 2 diabetes, heart disease and many co-morbidities. Thank you for your trust!

25,000+ (Patients served)

1,500+ (Referring doctors)

2013 (Operating since)

Please fax completed referral forms to (416) 636-3236.
