

## Provincial TB Services NTM Referral Form

Client ID#\_\_\_\_\_

\*NOTE: PATIENTS LIVING IN THE VANCOUVER COASTAL HEALTH REGION MUST BE REFERRED TO THE VGH NTM DISEASE CLINIC\*

## FORM INSTRUCTIONS Provincial TB Services (TBS) is not accepting new NTM clients. Ongoing NTM follow-up will not be provided for your client based on this referral. TBS physicians are able provide support with NTM management upon request. See Referral Details below. Fax the completed referral form to the Vancouver TB Clinic at 604-707-2690. **REFERRING PROVIDER** Name/MSP# **Referral Date** Phone Fax **CLIENT DEMOGRAPHICS** Name on BC Services Card MIDDLE **Personal Health Number** Date of Birth YYYY/MM/DD Phone Number(s) **Current Address** Sex **Gender/Preferred Pronouns REFERRAL DETAILS** TBS physicians are able provide Prescription Only: **Prescription Only** Please attach the following: **Exact prescription** Weight in kg Telephone Call **Consult Note** Preferred# **Shipping Address for Community Pharmacy:** Notes: Please provide the exact prescription requested including medication, doses (not mg/kg), and duration. Medications will be supplied exactly as ordered. Only Rifampin/Rifabutin and Ethambutol are currently supplied by BCCDC Pharmacy. Referrals for patients living in the VCH region will not be accepted. VCH patients must be referred to

Date Received:

For BCCDC Interna	l Use Onlv
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the VGH NTM disease clinic.