



FORM INSTRUCTIONS	
<ul style="list-style-type: none"> Provincial TB Services (TBS) are not accepting new NTM clients at our clinics. 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 <small>YYYY/MM/DD</small>
Phone	Fax
CLIENT DEMOGRAPHICS	
Name on BC Services Card	
<small>LAST</small>	<small>FIRST</small> <small>MIDDLE</small>
Personal Health Number	Date of Birth <small>YYYY/MM/DD</small>
Phone Number(s)	Current Address
Sex	Gender/Preferred Pronouns
REFERRAL DETAILS	
TBS physicians are able provide one of the following (Choose One):	
<input type="checkbox"/> MD to MD Consultation Please attach the following: <ul style="list-style-type: none"> Physician(s) consult letter(s) Relevant imaging reports Relevant lab work (e.g., microbiology/pathology) 	
<input type="checkbox"/> Telephone Call Preferred #	<input type="checkbox"/> Consult Note
<input type="checkbox"/> Prescription Only Please attach the following: <ul style="list-style-type: none"> Exact prescription Weight in kg 	
Note: <ul style="list-style-type: none"> 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. 	Shipping Address for Community Pharmacy: <hr/> <hr/> <hr/>