**Dr. Misa Kawasaki, ND (Doctor of Naturopathic Medicine)**

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**REFERRAL FORM FOR IV THERAPY**

Thank you for referring your patient for intravenous (IV) treatments. Please complete this form so that I may obtain the necessary information required prior to starting IV therapy and email it to info@meridianspineandsport.ca or fax it to (905)773-5847. While I will be providing IV therapy for your patient, the referring practitioner will continue to be the patient’s primary health care provider and so if you have any questions, please do not hesitate to email me before filling out this form.

**Patient Information**

Name:

Age:

Date of birth:

Phone number: Email:

**Referring Healthcare Provider’s Information**

Name:

Designation:

Clinic Name:

Address:

Phone number: Email:

**Patient Information**

Reason for referral and brief health history:

Date of last physical exam at your office (please include any pertinent findings):

Allergies:

Current Medications & Supplements:

**Recommended IV Formula (please check one):**

* Myer’s Cocktail - $140 per treatment
* Energy Boost - $150 per treatment
* Immune Support - $150 per treatment
* Skin & Joint Formula - $160 per treatment
* Glutathione IV - $120 per treatment
* Sports Performance - $150 per treatment

**Duration and Frequency**

* Once/twice every week for \_\_\_\_ weeks.
* Once/twice every month for \_\_\_\_ months.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of the following tests (performed within the last 12 months)**

* CBC
* Creatinine/eGFR

**Today’s Date:**

**Referring Doctor’s Signature:**

Please email the completed form and blood work to info@meridianspineandsport.ca or fax to 905-773-5847. We will contact your patient directly to schedule an appointment and send you an update after the first treatment.