

Excellent care, for everyone,
everywhere, every time.



NTM Referral form for Prescription ONLY
Island TB Program
Please fax to 250-519-1505

Referring Provider

Name _____ Date (yyyy/mm/dd) _____
Tel _____ Fax _____

Client Demographics

Client name _____ DOB (yyyy/mm/dd) _____
PHN _____ Tel _____

Referral Details

The Island TB Program **is not accepting** new NTM client referrals at this time and **will not** provide ongoing NTM follow-up for your client based on this referral.

*****Please note ONLY Rifampin/Rifabutin and Ethambutol are currently supplied by BCCDC pharmacy**

- Prescription **ONLY (Required annually)** – Include your copy of the Rx with this referral

Shipping address/phone/fax for clients pharmacy of choice :

Please include the following:

- Allergies _____
 Clients weight in Kg _____

Island TB Program

*Royal Jubilee Hospital, Royal Block 4.
1952 Bay Street.
Victoria, BC V8R 1J8*

Tel: 250-519-1510 | Fax: 250-519-1505