



north toronto naturopathic clinic

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Doctor's Referral Form for Colon Hydrotherapy

Date: _____

Patient Name: _____

Date of Birth: _____

Patient Phone #: _____

Chief Complaints:

Medication(s):

Reason for Referral:

Precautionary Notes:

Suggested Number of Treatments: _____

Doctor's Contact Information

Name: _____

Phone #: _____ Fax #: _____

Email: _____

A report will be faxed to you after your patient's treatment.

Thank you.
