



Chronic Disease Management
 Wellness Centre – Campbell River Hospital
 375- 2nd Ave
 Campbell River, B. C. V9W 3V2
 Phone: 250-286-7151 Fax: 250-286-7103

UVB Phototherapy Program

Referral / Order Form FAX to: 250-286-7103

Last Name:	First Name:
Date of Birth: (dd/mm/yy)	PHN:
Address:	Home Phone: Cell Phone:
Alternate Contact:	Relationship to Client:
Alternate Phone:	
Diagnosis: (include recent documentation from Dermatologist)	Areas for UVB Narrow Band Phototherapy Treatment:
Medications: (concern for photosensitivity)	Number of weekly treatments or Maintenance:
History:	Concerns:

Date of Referral:	Physician/NP Signature:	Physician/NP Stamp or Print Name and Clinic:
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Referral renewal is required every six months to prevent interruption of client treatments.