

Medical Document

This document must be completed by the applicant's authorized health-care practitioner as defined in the Cannabis Act. An authorized health-care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing medical cannabis is permitted under their scope of practice. If another document is used, it must contain all of the information below.

Patient Information

Full Name:
Date of Birth: DD/ MM/ YYYY/
K# (Veterans Only):
Phone:

Medical condition (Optional):

Daily Quantity of Cannabis to be used: Daily quantity must be a single number	g/day:
Period of use: months Period of use cannot exceed 12 months	months:

Health-Care Practitioner Information

First Name:
Last Name:
Profession:
Province(s) Authorized to Practice in:
Phone:
Email:

License No:
Health-care Practitioner's Business Address:
Full Business Address of the location at which the patient consulted the Health care practitioner (if different from above):
Fax (if applicable):

By signing this document, the health-care practitioner is attesting that the information contained in this document is correct and complete.

Signature: _____
(Health-care practitioner)

Date: _____