



# MEDICAL DOCUMENT

This document may be completed by the Applicant's health care practitioner as defined in the Access to Cannabis for Medical Purposes Regulations (ACMPR). A healthcare practitioner includes medical and nurse practitioners. In order to be eligible to provide a Medical Document, the healthcare practitioner must have the applicant under their professional treatment. Regardless of whether or not this form is used, the Medical Document must contain all the required information.

## PATIENT INFORMATION

First Name:			
Last Name:			
Date of Birth: (YYYY/MM/DD)		Phone:	
Location of Consultation:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U

## HEALTHCARE PRACTITIONER INFORMATION

First Name:		Title:	
Last Name:		Profession:	
Address:		Bldg. Unit #:	
City:		Province:	
Email:		Postal Code:	
Phone:	Ext.	Fax:	
License/Registration #:		Auth. Province:	
Preferred Contact Method:	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX		

## AUTHORIZED DOSAGE OF DRIED MEDICAL CANNABIS

Quantity (grams/day)	Duration (maximum 1 year)	Product Recommendations (optional)
Primary Condition (Required for VAC):		
Additional Comments		

## CERTIFICATION BY HEALTH CARE PRACTITIONER

I hereby certify that the information in this document is correct and complete.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_