

Marihuana for Medical Purposes

Regulations

This document may be completed by the applicant's authorized health care practitioner as defined in the Marihuana for Medical Purposes Regulations. An authorized health care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing dried marihuana for medical purposes is permitted under their scope of practice. If another document is used, it must contain all of the information below.

Patient's Given Name and Surname _____

Patient's Date of Birth (DD/MM/YYYY) _____

Daily quantity of dried marihuana to be used by the patient: _____ g/day

Health care practitioner's given name and surname: _____

Profession: _____

Health care practitioner's business address: _____

Full business address of the location at which the patient consulted the health care practitioner (if different than above): _____

Phone Number: _____

Fax Number (if applicable): _____

Email Address (if applicable): _____

Province(s) Authorized to Practice in: _____

Health Care Practitioner's Licence number: _____

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

Health Care Practitioner's Signature: _____

Date Signed (DD/MM/YYYY): _____