

Doctor/Patient Information Release Form

I, _____, hereby request that

_____ release any requested medical
(Dr. or medical center)

information relevant to the use of medical cannabis to the

Vancouver Island Compassion Society.

Signature: _____

Date: _____

The Vancouver Island Compassion Society
853 Cormorant St.
Victoria, BC V8W 1R2
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www.thevics.com
Phone: 250-381-8427
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