

Medical Document

To be completed by the Health Care Practitioner

Version 2.2 September 2017

IMPORTANT NOTE: Please ensure that we receive the original copy of this document as it is required in order to complete client registration

PATIENT INFORMATION - This section is mandatory

Given Name	Middle Name(s)	Surname
Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No.

HEALTH CARE PRACTITIONER INFORMATION - This section is mandatory

Title / Profession	Given Name	Surname
Profession	Medical License No(s).	
Provinces Licensed In <input type="checkbox"/> AB <input type="checkbox"/> BC <input type="checkbox"/> MB <input type="checkbox"/> NB <input type="checkbox"/> NL <input type="checkbox"/> NS <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> ON <input type="checkbox"/> PE <input type="checkbox"/> QC <input type="checkbox"/> SK <input type="checkbox"/> YT		

Business Address (a stamp is acceptable here)	Consultation Address (if different than business address)
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Telephone No.	Fax No.	Email
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Please indicate the Health Care Practitioner's preferred method of contact for document verification Telephone Fax Email

WRITTEN ORDER- This section is mandatory

Note: The maximum quantity of dried cannabis a client may possess cannot exceed 150 g or 30 times the daily amount, whichever is the lesser, as per Access to Cannabis for Medical Purposes Regulations (ACMPR)

Medical Diagnosis <small>OPTIONAL</small>		
Number of Grams Per Day	For Number of Month(s) (up to 12)	

Note: The period of use cannot exceed one year & will begin on the day that the document is signed by the health care practitioner.

I, _____ attest that the information contained in this documents is correct & complete.
Health Care Practitioner Full Name

Health Care Practitioner's Signature: _____ Date: _____



INITIAL HERE IF YOU ARE SUBMITTING THIS MEDICAL DOCUMENT TO PEACE NATURALS VIA FAX:

I have chosen to submit the original Medical Document to The Peace Naturals Project via the Peace Naturals' secure fax ePortal. I acknowledge that the faxed Medical Document is now the original Medical Document and that I have retained a copy of this document for my records only.