



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 health care practitioner includes medical practitioners and nurse practitioners. In order to be eligible to provide a medical document, the health care practitioner must have the applicant for the medical document under their professional treatment. Regardless of whether or not this form is used, the medical document must contain all of the required information.

Patient Information

Given Name

Surname

Date of Birth

Y	Y	Y	Y	M	M	D	D
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Gender

M	F	
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Phone

Email

Health Care Practitioner Information

Title

Given Name

Surname

Profession

License #

Province(s) Authorized to Practice In

Phone

E-mail

Fax

Business Address

City

Province

Postal Code

Consultation Address

City

Province

Postal Code

Prescription

Grams/Day

Period of Use (Maximum 365 Days)

	Days		Weeks		Months
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Primary Condition (Required for VAC)

Signature

Date Signed

Submit by Fax (Initial)

I, the health care practitioner, 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.

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