



Medical Document for the Access to Cannabis for Medical Purposes Regulations

This document is to 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.

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

The period of use is _____ month(s).

NOTE: The period of use cannot exceed one year

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 that 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): _____