

# Medical Document

**1**

Health Care Practitioner  
Information  
(Please complete this section)

Name:

Title/ Profession:

Clinic Business Name:

Medical Licence Number:

Province of Issue of  
Medical Licence:

Address Line 1:

Address Line 2:

Email Address:

**2**

Patient Information

Patient's Name:

Date of Birth:

**3**

Written Order

Medical Diagnosis:   
(Optional)

Number of grams:  per day,  
for a number of days:  or months:

- \* The maximum quantity of fresh cannabis, dried cannabis, and cannabis oil (taking into account the dried cannabis equivalency factor determined under subsection 2(4) of the Cannabis Act)), a client may possess cannot exceed 150 g or 30 times the daily amount, whichever is lesser.
- \* The period of use cannot exceed one year and will begin on the day that the client is registered with the Licenced Seller.

I,

Attest that the information contained in this document is correct and complete.

**Health Care Practitioner  
Signature**