## **Medical Document**



1	Name:	surname		given name	
Health Care Practitioner Information	Title/ Profession:				
(Please complete this section)	Clinic Business Name:				
	Medical Licence Number:				
	Province of Issue of Medical Licence: Address Line 1:	street			postal
	Address Line 2:	city	province	fax#	F
	Email Address:			telephone #	
2	Patient's Name:	Surname	given name		
Patient Information	Date of Birth: (mm/dd/yyyy)				
3	Medical Diagnosis: (Optional)				
Written Order	Number of grams:				per day,
		for a number of days:		or montl	hs:
		cannabis oil (taking integrated und factor determined und a client may possess c amount, whichever is * The period of use can	The maximum quantity of fresh cannabis, dried cannabis, and cannabis oil (taking into account the dried cannabis equivale factor determined under subsection 2(4) of the Cannabis Act a client may possess cannot exceed 150 g or 30 times the data 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.		is equivalency innabis Act)), mes the daily I begin on the
		, Name of the healthcare practitioner			
		Attest that the information contained in this document is correct and complete.			
	Health Care Practitioner Signature	signature			date
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