Client Registration Form C:
Delivery to Your Health Care Practitioner

WAYNE PATRICK CONSUMER PRODUCTS LTD

1
Applicant Information

Applicant's Name: surname | given name

Date of Birth: (mm/dd/yyyy)

Gender: female | male | other

Address Line 1: street | postal

Address Line 2: city | province | fax #

Email Address: | telephone #

Mailing Address Line 1: (if different from residence) street | postal

Address Line 2: city | province | fax #

telephone #

2
Individual (s) Responsible for the Applicant

(If you have caregiver(s), please complete this section)

Person 1 Name: surname | given name

Date of Birth: (mm/dd/yyyy)

Gender: female | male | other

Email Address: | telephone #

I, name of caregiver

am responsible for applicant name

Individual Responsible for Applicant: signature | date

Person 2 Name: surname | given name

Date of Birth: (mm/dd/yyyy)

Gender: female | male | other

Email Address: | telephone #

I, name of caregiver

am responsible for applicant name

Individual Responsible for Applicant: signature | date

Client Registration Form C:
Delivery to Your Health Care Practitioner

WAYNE PATRICK CONSUMER PRODUCTS LTD

3

Health Care Practitioner Information
(Please complete this section)

Name: surname | given name

Title/ Profession:

Clinic Business Name:

Address Line 1: street | postal

Address Line 2: city | province | fax #

Shipping Address Line 1: (if different from mailing address) street | postal

Address Line 2: city | province | fax #

telephone #

I, name of healthcare practitioner

consent to receive dried cannabis or cannabis oil on behalf of applicant's name

Health Care Practitioner Signature:

Date:

*Withdrawal of consent by the Health Care Practioner:
If the Health Care Practitioner ceases to consent to receive dried cannabis or cannabis oil for the applicant, the practitioner must send a written notice to that effect to the client and to the Licensed Seller.

4

Additional Information
(optional)

Is there anything else
You would like us to know?

5

Acknowledgement

The Applicant and/ or the Person Responsible for the Applicant Must Read and Acknowledge the Following:

* The applicant is ordinarily a resident of Canada.
* The information in the application and medical document is correct and complete.
* The medical document is not being used to seek or obtain fresh or dried cannabis, or cannabis oil from another source.

Client Registration Form C:
Delivery to Your Health Care Practitioner

WAYNE PATRICK
CONSUMER PRODUCTS LTD

* The original medical document accompanies this application.
* The original medical document used to form the basis of this application has not, to the knowledge of the individual signing the statement, been altered.
* The applicant will use fresh or dried cannabis or cannabis oil only for their own medical purposes.

Applicant/ Individual Responsible Signature

signature | date

IMPORTANT NOTE: When returning this application please include the original medical document signed & dated by your health care practitioner. The original copy of the medical document is required to complete your registration.