



This document is completed by the applicant's authorized health care practitioner as defined in the Access to Cannabis for Medical Purposes Regulations (ACMPR). An authorized health care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing marijuana for medical purposes is permitted under their scope of practice. 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

DAILY QUANTITY OF MARIHUANA TO BE USED

 gram(s) / day

PERIOD OF USE

 day(s) week(s) month(s)

DIAGNOSIS COMMENTS

Suggested Only

THC %

CBD %

NOTES AND / OR RESTRICTIONS

HCP'S GIVEN NAME AND SURNAME

PROFESSION

HCP'S BUSINESS ADDRESS

BUSINESS ADDRESS OF THE LOCATION AT WHICH THE PATIENT CONSULTED WITH THE HEALTH CARE PRACTITIONER

PROVINCE(S) AUTHORIZED TO PRACTICE IN

PHONE NUMBER

HCP'S LICENSE NUMBER

FAX NUMBER (IF APPLICABLE)

EMAIL ADDRESS (IF APPLICABLE)

HCP'S SIGNATURE

Note: Applicant can possess a maximum of 150g or 30 times their daily amount, whichever is less. Under the Access to Cannabis for Medical Purposes Regulations (ACMPR), maximum authorization is a period of 12 months and begins the day the Medical Document is signed by the HCP.

By signing this document, the health care practitioner is attesting that the information contained in this document is correct and complete. I acknowledge that the Medical Document submitted through Sail Cannabis is now the original Medical Document and that I have retained a digital copy of this document for my records only.