



NATURAL CARE

Medical Document

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This document is completed by the applicant's authorized health care practitioner as defined in the Cannabis Act. An authorized health care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing cannabis for medical purposes is permitted under their scope of practice.

Patient Given Name and Surname:

Patient Date of Birth:

Daily Quantity of Marihuana to be Used:

Period of Use: Days: Weeks: Months:

Diagnosis Comments:

SUGGESTED ONLY

THC % CBD %

Notes and/or Restrictions: _____

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

HCP's Given Name and Surname:	<input type="text"/>
Profession:	<input type="text"/>
HCP's Business Address:	<input type="text"/>
Business Address Where the Patient Consulted the HCP:	<input type="text"/>
Province(s) Authorized to Practice In:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
HCP Signature:	<input type="text"/>
Date Signed:	<input type="text"/>
	HCP License #:

I, the health care practitioner, acknowledge that the faxed medical document is now the original medical document and that I have retained a copy of this document for my records only. I the health care practitioner attest that the information contained in this document is correct and complete

Initial Here:

A healthier way to happiness.