



MEDICAL DOCUMENT

IMPORTANT:

This form must be completed by a Physician or Nurse Practitioner who is licensed in Canada. If another document is used in place of this one, it must contain all of the information below.

HEALTH CARE PRACTITIONER INFORMATION *All fields marked with * are mandatory.*

Place stamp within the box, or fill out the information below.

If you use a stamp, please ensure that all of the mandatory information below is provided.

PRACTITIONER FIRST NAME*

PRACTITIONER LAST NAME*

PROFESSION*

NAME OF OFFICE OR CLINIC*

BUSINESS ADDRESS*

CITY*

PROVINCE*

POSTAL CODE*

PHONE NUMBER*

FAX

EMAIL

MEDICAL LICENSE INFORMATION

MEDICAL LICENSE NUMBER*

PROVINCE(S)*

Province(s) in which you are licensed to practice.

ADDRESS OF CONSULTATION

The address at which the consultation took place between the applicant and the health care practitioner.

THE CONSULTATION TOOK PLACE AT THE BUSINESS ADDRESS ABOVE THE CONSULTATION TOOK PLACE VIA INTERNET (SKYPE, ETC.) IF NEITHER, PLEASE PROVIDE THE ADDRESS BELOW

If neither of the above options apply, please provide the address at which the consultation took place below:

BUSINESS ADDRESS

.....

CITY **PROVINCE** **POSTAL CODE**

PATIENT INFORMATION

PATIENT FIRST NAME* **PATIENT LAST NAME*** **DATE OF BIRTH (MM/DD/YEAR)***

PRESCRIPTION *The period of use cannot exceed one year and will begin on the day this document was signed and dated.*

NUMBER OF GRAMS TO BE USED PER DAY* G/DAY **DURATION OF PRESCRIPTION* (maximum 12 months)** DAYS WEEKS MONTHS
(please circle either days, weeks or months)

ACKNOWLEDGEMENT OF PHYSICIAN

I attest that the information contained in this document is correct and complete. If submitted by secure fax, the faxed document received is now the original medical document and this document will be a copy, retained for my records only.

SIGNATURE* **DATE (MM/DD/YEAR)***

Submit your original medical document along with your application form by one of the following methods:

- BY CANADA POST TO:**
Broken Coast Cannabis
Box 1150, Ladysmith, BC
Canada V9G 1A8
- BY COURIER TO:**
106-3695 Drinkwater Rd.
Duncan, BC
Canada V9L0E9
- BY SECURE FAX TO:**
1-844-860-1194

