

MEDICAL CLIENT REGISTRATION

FOR APPLICANTS WITH A PERMANENT ADDRESS

IMPORTANT:

The personal information provided on this form **must** match the information that appears on your Supporting Document.

APPLICANT INFORMATION *All fields marked with * are mandatory.*

FIRST NAME*

LAST NAME*

PHONE NUMBER

EMAIL ADDRESS

If no phone or email are provided, we will contact you via mail.

DATE OF BIRTH (MM/DD/YEAR)*

GENDER*

 MALE FEMALE X

RESIDENTIAL ADDRESS

ADDRESS* *Must be a physical address; no post office boxes allowed.*

CITY*

PROVINCE*

POSTAL CODE*

IS THIS A PRIVATE RESIDENCE? *

 YES NO *If no, please provide the name and type of the establishment below (example: nursing or care home)*

NAME OF ESTABLISHMENT *Only fill out if you chose "no" above*

TYPE OF ESTABLISHMENT *Only fill out if you chose "no" above*

IS YOUR RESIDENTIAL ADDRESS DIFFERENT FROM YOUR SHIPPING ADDRESS?*

NO, PLEASE SHIP TO MY RESIDENTIAL ADDRESS ABOVE
(for home delivery)

OR

YES, PLEASE MAIL TO THE MAILING ADDRESS BELOW
(for pickup at post office or mail depot - must be associated with your residential address)

ADDRESS *Only fill out if you chose "yes" above*

CITY

PROVINCE

POSTAL CODE

VETERANS AFFAIRS COVERAGE

ARE YOU ELIGIBLE THROUGH VETERANS AFFAIRS?

NO YES

K NUMBER

If yes, please provide your k number. Must be 7 digits.

ACKNOWLEDGMENT OF APPLICANT

Supporting Document refers to either a signed Medical Document or a Registration Certificate issued by Health Canada.

- The applicant acknowledges that some of the information provided in this document may be shared with Health Canada, our service providers, Veterans Affairs, and/or insurance providers, as applicable, solely for the purposes of providing service support.
- The applicant gives Broken Coast permission to share their ordering information with their prescribing physician and/or the clinic through which they received their consultation
- The applicant ordinarily resides in Canada.
- The information in the application and the Supporting Document is correct and complete.
- The Supporting Document is not being used to seek or obtain dried or fresh marijuana or cannabis oil from another source.
- For applicants applying using a Registration Certificate: The application is for the purpose of obtaining an interim supply of fresh or dried marijuana or cannabis oil.
- For applicants applying using a Medical Document: The original of the Medical Document accompanies the application.
- The applicant will use dried marijuana or cannabis oil only for their own medical purposes.

SIGNATURE*

DATE (MM/DD/YEAR)*

PLEASE NOTE

Forms with missing or incomplete mandatory fields cannot be accepted as per ACMPR regulations.
Please contact us if you have any questions regarding this form.

Thank you for registering with Broken Coast

