



## Access to Cannabis for Medical Purposes Regulations

*This document is to be completed by the applicant's health care practitioner as defined in the Access to Cannabis for Medical Purposes Regulations (ACMPR). A health care practitioner includes medical practitioners and nurse practitioners. 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 (DD/MM/YYYY): \_\_\_\_\_

Daily quantity of dried Cannabis to be used by the patient: \_\_\_\_\_ g/day

The period of use is \_\_\_\_\_ day(s) \_\_\_\_\_ week(s) \_\_\_\_\_ month(s).

**NOTE: The period of use cannot exceed one year.**

Health care practitioner's Given Name and Surname: \_\_\_\_\_

Profession: \_\_\_\_\_

Health care practitioner's business address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full business address of the location at which the patient consulted the health care practitioner (if different that above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Province(s) Authorized to Practice in: \_\_\_\_\_

Health Care Practitioner's Licence number: \_\_\_\_\_

*By signing this document, the health care practitioner is attesting that the information contained in this document is correct and complete.*

Health Care Practitioner's Signature: \_\_\_\_\_

Date Signed (DD/MM/YYYY): \_\_\_\_\_