



## Medical document supporting the use of cannabis for medical purposes under the *Cannabis Regulations*

All fields indicated by an asterisk (\*) are mandatory.

### Instructions

This document may only be completed by a health care practitioner as defined in the Cannabis Regulations. A health care practitioner includes medical practitioners and, in some provinces, nurse practitioners. In order to be eligible to provide a medical document, the health care practitioner must be eligible under the Cannabis Regulations, have the applicant for whom the medical document is provided under their professional treatment, and support that cannabis is required for the condition for which their patient is receiving treatment.

### Patient's information

#### Personal information of patient

Patient's last name:\*

Patient's first name:\*

Patient's middle name:

Patient's date of birth (yyyy-mm-dd):\*

### Health care practitioner's information

Health care practitioner's first and last name:\*

Preferred official language (choose one):\*

English      French

Health care practitioner's licence number (please list all that apply, do not include billing number):\*

Province or territory authorized to practice in (if more than one list all that apply):\*

Select your profession (choose one):\*

Medical practitioner

Nurse practitioner

**Protected B** when completed

Patient's first name:*		Patient's last name:*	
<b>Health care practitioner's business address</b>			
Address:*		Unit number:	
City:*	Province/Territory:*	Postal code:*	
Telephone number:*		Fax number:	
Email address:*			
Health care practitioner's stamp:			

<b>Authorized daily amount and period of use</b>			
Daily quantity of dried cannabis authorized for the patient (grams per day):*			
Authorized period of use:*	Days:	Weeks:	Months:
<b>(Note: The period of use cannot exceed one (1) year)</b>			

<b>Business address of medical consultation with patient</b> (if different than above)			
Address:		Unit number:	
City:	Province:	Postal code:	
Type of consultation (choose one):*			
In-person		Virtual or by phone	

**Protected B** when completed

Patient's first name:*	Patient's last name:*
<b>Note:</b> By signing this document, the health care practitioner is attesting that they are not restricted, under the laws of the province or territory in which they practice, from authorizing the use of cannabis, and that the information contained in this document is correct and complete.	
Health care practitioner's signature:*	Signature date (yyyy-mm-dd):*

## Sending a medical document

There are **two scenarios** where a health care practitioner may send a medical document by secure fax and have it recognized as an original:

- If your patient chooses to access cannabis for medical purposes via a federally-licensed seller, this medical document can be submitted from your office to the licensed seller by secure fax; or
- If Health Canada contacts your office requesting a medical document as part of an application received from your patient for the production or possession of cannabis for medical purposes

If you choose to submit the medical document by secure fax under one of the above scenarios, please initial the appropriate statement below to acknowledge agreement. **If these scenarios do not apply, please leave this section blank and simply provide the original medical document to your patient.**

Please initial **only 1** of the following statements if sending the medical document by secure fax (choose one):

By initialling this box, I, the supporting health care practitioner, have been asked by my patient to send this medical document **directly to a licensed seller**. In sending it by fax, I acknowledge that the faxed medical document shall constitute the original medical document.

By initialling this box, I, the supporting health care practitioner, have **been asked by Health Canada to submit to them directly** a new medical document as part of my patient's application for the production or possession of cannabis for medical purposes. In sending it by fax, I acknowledge that the faxed medical document shall constitute the original medical document.