



Health Canada

Santé Canada

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Sample Medical Document for the Access to Cannabis for Medical Purposes Regulations

092 - 335/2019

This document may 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. Regardless of whether or not this form is used, the medical document must contain all of the required information, (see in particular s. 8 of the ACMPR).

Patient's Given Name and Surname

MARK EMERY

Patient's Date of Birth (DD/MM/YYYY)

13/02/1958

Daily quantity of dried marihuana to be used by the patient: 20 g/day

The period of use is _____ day(s) _____ week(s) 12 month(s).

NOTE: The period of use cannot exceed one year

Health care practitioner's given name and surname:

Barbara Mainville

Profession:

Physician

Health care practitioner's business address:

1385 Bank St. Suite 305 Ottawa Ontario K1H 8N4

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

Phone Number:

1-855-325-0001

Fax Number (if applicable):

Email Address (if applicable):

Province(s) Authorized to Practice in:

Ontario

Health Care Practitioner's Licence number:

55415

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:

29/07/2018

Date Signed (DD/MM/YYYY):

ORIGINAL

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