MEDICAL DOCUMENT INSTRUCTIONS

The following form must be completed by a healthcare practitioner such as a family physician, medical specialist or, in some provinces and territories, a nurse practitioner.

NOTE TO THE HEALTHCARE PRACTITIONER:

You can send us the Medical Document either by original paper copy or fax.

ORIGINAL PAPER COPY	FAX
Please mail us the original, completed and signed version of this Medical Document.	We can also accept this document when sent directly from your office by fax. You must declare in a separate cover sheet that the document you are faxing is the original Medical Document.
Emblem Cannabis **PO Box 20087 Northville** **Paris, ON N3L 4A5**	**1-844-442-2467**

***Q:* Can my physician use their own Medical Document in lieu of Emblem's document?**

Yes, as long as the same criteria used for our Medical Document is met and the mandatory information we need to complete your registration is included. We recommend you compare our Medical Document with the doctor's version to ensure all the information is on the form, and to prevent delays in completing your registration.

Emblem

MEDICAL DOCUMENT

PATIENT INFORMATION

First Name:	Last Name:	Gender:	Date of Birth: (YYYY/MM/DD)
		☐ Male ☐ Female ☐ Other	

HEALTHCARE PROVIDER INFORMATION

First Name:	Last Name:	Profession:	
License/Registration Number:		Province of License/Registration:	
Business Address:			
City:		Province:	Postal Code:
Email:		Phone:	Fax:
Location of Consultation (if different than Business Address):			
City:		Province:	Postal Code:

Preferred Contact Method: ☐ EMAIL ☐ PHONE ☐ FAX

AUTHORIZED DOSAGE OF DRIED MEDICAL CANNABIS

Quantity (grams per day):	Duration (maximum 1 year):
	________ ☐ Days ☐ Weeks ☐ Months
Product Recommendations (optional):	Patient Diagnosis (optional):

☐ SUGGESTED USE ☐ MANDATORY USE

Additional Comments:

I hereby certify that the information in this document is correct and complete.

Signature of Healthcare Practitioner:	Date: (YYYY/MM/DD)

FOR OFFICE USE ONLY: ☐ SR

Emblem Cannabis Corporation | PO Box 20087 Northville, Paris ON N3L 4A5
Tel: 1-844-546-3633 | Fax: 1-844-442-2467 | Email: welcome@emblemcannabis.com