



CanMed Wellness Society

Alternative solutions to medication!

892 Commercial Drive
Vancouver, British Columbia
V5L 3Y5

☎ 604 620 8536
📠 604 620 8537
✉ canmedwellness@gmail.com

MEDICAL PRACTITIONER'S FORM FOR MEDICINAL CANNABIS

PLEASE FAX THE COMPLETED FORM DIRECTLY TO OUR CLINIC: 604.620.8537

Patient's Name: Date of Birth:
First Last DD MM YYYY

Phone Number: has been diagnosed with.....

- I recommend cannabis to help my patient with his/her symptoms.
- To my knowledge, he/she should have access to Medicinal Cannabis.
- This patient has reported that his/her symptoms are helped by Cannabis.
- I do not recommend the use of Medicinal Cannabis for the reasons stated below:

Medical: Please explain.....

Legal: Please explain.....

Other: Please explain.....

- This patient is in a critical stage of his/her illness, or treatment and requires immediate attention.
- Daily recommended amount

PRACTITIONER'S SIGNATURE:.....

PRINTED NAME:.....

DATE SIGNED:.....

PRACTITIONER'S PHONE:.....

PRACTITIONER'S ADDRESS:.....

CITY:.....

PROVINCE:.....

Physician's Stamp
Stamp/License#



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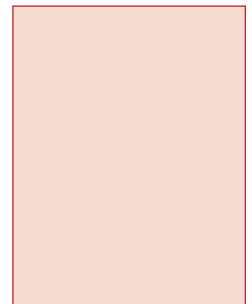
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