emerald HEALTH BOTANICALS

STEP 2: Medical Document

FORM MAY BE FILLED OUT IN ACROBAT READER AND PRINTED FOR SIGNING AND COMPLETION.

HEALTHCARE PRACTITIONER INFORMATION

TITLE (REQUIRED) ☐ DOCTOR ☐ NURSE PRACTITIONER

***IMPORTANT:* FORM MUST BE COMPLETELY FILLED IN OR APPLICATION WILL BE REFUSED**

GIVEN NAME ▼

SURNAME ▼

PROFESSION (IE: GENERAL PRACTITIONER, SURGEON, ETC. PLEASE SPECIFY) ▼

CLINIC / BUSINESS NAME ▼

CLINIC / BUSINESS ADDRESS ▼

CITY / TOWN ▼

PROVINCE ▼

POSTAL CODE ▼

PROVINCE LICENSE HELD IN ▼

LICENSE # ▼

PHONE NUMBER ▼

FAX NUMBER ▼

EMAIL ADDRESS ▼

CONSULTATION ADDRESS *(FILL IN IF DIFFERENT THAN ADDRESS ABOVE / OR SKYPE)*

☐ **CHECK BOX IF CONSULTATION ADDRESS IS SAME AS BUSINESS ADDRESS ABOVE**

UNIT # ▼

STREET ADDRESS ▼

☐ **CHECK BOX IF CONSULT DONE VIA SKYPE**

CITY / TOWN ▼

PROVINCE ▼

POSTAL CODE ▼

PLEASE INDICATE PREFERRED METHOD OF CONTACT FOR MEDICAL DOCUMENT VERIFICATION: ☐ PHONE ☐ FAX

PATIENT INFORMATION

GIVEN NAME ▼

SURNAME ▼

BIRTHDATE ▼

YEAR | MONTH | DAY

IS THIS PATIENT PALLIATIVE? ☐ YES ☐ NO

DOES THIS PATIENT HAVE A PERMANENT DISABILITY? ☐ YES ☐ NO

NOTE: Palliative and permanently disabled patients may qualify for compassion pricing discount.

AUTHORIZATION DETAILS

Billing fee for verification is not required.

GRAMS ▲ # OF GRAMS PER DAY

FOR

MONTH(S) ▲ # OF MONTHS (MAXIMUM 12)

OR

DAY(S) ▲ # OF DAYS

OR

WEEK(S) ▲ # OF WEEKS

INDICATION (OPTIONAL)

NOTE: A Medical Document is valid for the period of use specified in it. [Section 129]
The period of use begins on the day on which the Medical Document was **signed** by the health care practitioner.

I hereby attest that the information contained within this document is correct and complete.

HEALTHCARE PRACTITIONER SIGNATURE ▼

X

PRINT NAME BELOW ▼

DATE

YEAR | MONTH | DAY

IF DOCTOR / HEALTHCARE PRACTITIONER AGREES TO RECEIVE MEDICAL MARIHUANA FOR THIS PATIENT, AN ATTESTATION ON THE APPLICATION (STEP 1 DOCUMENT) MUST BE SIGNED (SECTION 3).

In compliance with MMPR Section 129 and QA_011 / QA_012 Client Registration and Ordering.

EHB_2_MED_r09_2015.05.24

MAIL THIS DOCUMENT TO: EMERALD HEALTH BOTANICALS INC.
4420 West Saanich Road, PO Box 24076, Victoria BC Canada V8Z 7E7

www.emerald.care | clients@emerald.care
toll free: 1.800.757.3536 | fax: 1.800.757.3536