Dosecann Cannabis Program

For Health Care Practitioner

Dosecann Cannabis Program
1-833-565-2278
clientcare@dosecann.com
55 Bruce Crescent
Ottawa, Ontario K7C 3T3
Monday – Friday
9:00 AM to 5:00 PM EST

MEDICAL DOCUMENT – TO BE COMPLETED BY HEALTH CARE PRACTITIONER

Please complete, sign and send back the **MEDICAL DOCUMENT** either by original paper copy or secure fax to the Dosecann Cannabis Program.
1. You can mail us the original, completed and signed version of the **MEDICAL DOCUMENT** to the Dosecann Cannabis Program **OR**
2. We can also accept this document when sent directly from your office by secure fax to 1-833-777-2776.

PATIENT INFORMATION

First Name _____ Last Name _____
Date of Birth _____ Gender ☐ Male ☐ Female ☐ Other
Primary Phone _____ Email Address _____

HEALTH CARE PRACTITIONER INFORMATION

Title/Profession _____ Institution Name _____
First Name _____ Last Name _____
Medical License Number _____ Province of Issue
Provinces Licensed In
☐ Alberta ☐ British Columbia ☐ Manitoba ☐ New Brunswick ☐ Newfoundland and Labrador
☐ Nova Scotia ☐ Northwest Territories ☐ Nunavut ☐ Ontario
☐ Prince Edward Island ☐ Quebec ☐ Saskatchewan ☐ Yukon
Business Address _____ Consultation Address _____
_____ _____
Telephone _____ Email _____

WRITTEN ORDER

Medical Diagnosis (Optional) _____
Grams per Day _____
Duration (Months) _____
Other Prescription Information _____

Note: The period of use cannot exceed 12 months and will begin on the day that this document is signed by the health care practitioner. The maximum quantity of dried cannabis that a client may possess cannot exceed 150 grams or 30 times the daily dosage.

I, _____ attest that the information contained in this document is correct and complete.
Health Care Practitioner's Signature _____
Date _____