



APPLICATION FORM

For office use only

Account # _____ Verified by _____ Date _____

Practitioner _____ Provincial # _____

Name _____

Date of Birth ____/____/____ (DDMMYY) Male ____ Female ____

Address _____

City _____ Province _____ Postal Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Applicant Declaration and Signature

- I have discussed the potential benefits and risks of using cannabis with the healthcare practitioner in support of my application, and I consent to using cannabis only for the treatment of the symptoms stated in the medical declaration.
- I am aware and accept that the benefits and risks associated with the use of cannabis are not fully understood and that the use of cannabis may involve unidentified risks.
- I am aware that a notice of compliance has not been issued under the Food and Drug regulations concerning the safety and effectiveness of cannabis and I understand the significance of this fact.
- I confirm that the information on this form is correct and complete.

Applicant Signature

Print Name

Date (DD/MM/YYYY)