



HEALTHCARE PRACTITIONER'S STATEMENT

This form must be completed by a MD, DTCM or ND
Fax to Nature's Botanicals 250.590.8090
Toll Free 1.877.891.1331

- I recommend cannabis to help my patient with his/her symptoms.
- This patient has reported that his/her symptoms are aided by cannabis and therefore, on the basis of my knowledge, he/she should have access to medicinal cannabis and cannabis products.
- The proposed daily amount of cannabis is less than or equal to _____ grams (please use letters to indicate amount).

Patient's Name _____ DOB ____/____/____(DDMMYY)
Practitioner's Name _____ License # _____
Business Address _____ City _____
Province _____ Postal Code _____ Phone (____) _____

Method of administration indicated: inhalation oral topical

- I am a healthcare practitioner with an area of expertise that is relevant to the applicant's medical condition

OR

- I am not in an area of expertise but do declare that:
The applicant's case has been assessed by a specialist with an area of expertise that is relevant to the applicant's medical condition. The specialist concurs that conventional treatments for the applicant's symptoms are ineffective or medically inappropriate and that he/she is aware that cannabis is being considered as an alternative treatment for the applicant.

Healthcare Practitioner's Signature

Date (DD/MM/YYYY)