



NATIONAL ACCESS  
CANNABIS

# Medical Document

This medical document is to be completed by a Healthcare Practitioner.

## Patient Information

Patient Name: Jane Smith  
First Name Last Name  
Date of Birth: (MM/DD/YY) 04 / 13 / 1980 Telephone: (613) 555 - 5500  
Email: jane.smith@gmail.com Diagnosis: Chronic pain

## Prescription

Note that the maximum quantity of dried marijuana a patient may possess cannot exceed 150 grams per month, or 30 times the daily amount prescribed (whichever is lesser) as per the Marijuana for Medical Purposes Regulations (MMPR).

- Number of grams per day: 3 grams.  
 Duration of prescription: 12 months (maximum 12 months)

EXAMPLE  
PRESCRIPTION

## Health Care Practitioner Information

Name: Dr. Tom Sample  
First Name Last Name  
Profession: Chronic pain Specialist Name of office or Clinic: Healthy Life Medical  
Business Address: 13 Brook St.  
City: Ottawa Province: Ontario Postal Code: K1Z-8G5  
Telephone: (613) 230-3300 Fax: (613) 230-3333 Email: dr.sample@medical.ca  
Medical License Number: 37110 Province(s): Ontario

## Consultation Address: (the address at which the consultation took place)

Check one of the following:

- The consultation took place the business address, as stated above.  
 The consultation took place via telemedicine at 1111 Wellington St. W, Ottawa Ontario.

I Tom Sample attest that the information contained in this document is correct and complete.  
Printed name of Healthcare Practitioner

Signature of Healthcare Practitioner: Tom Sample Date: (MM/DD/YY) 06 / 21 / 2016

let's talk answers