MyMedi.ca
MEDICAL CANNABIS CARE

MyMedi.ca
c/o Northern Green Canada Inc.
275 Orenda Road
Brampton, ON L6T3T7

www.mymedi.ca
Fax: 1-844-500-4042
Tel: 1-844-500-2040

Medical Document

To be completed by a prescriber for medical cannabis authorization.

Patient Information

Fields marked with ▸ are required. Information must match details on Patient Registration Form.

▸ First Name | ▸ Last Name | ▸ Date of Birth *(mm/dd/yyyy)* | Gender

▸ Primary Phone Number | ▸ Email Address

Diagnosis or Condition *(Optional except for patients seeking coverage through Veterans Affairs)* | ▸ Daily Quantity *(grams/day)* | ▸ Period of Use *Please note, period of use (in months) may not exceed 12*

Optional Information for Product Selection

- ☐ The MyMedi.ca cannabis care advisor or pharmacist will support the patient with selecting their own product
- ☐ I have specific recommendations (e.g., producer, THC:CBD ratio, format, etc.) (please list)

_____

Healthcare Professional Information

▸ First Name | ▸ Last Name | ▸ Profession | ▸ Licence Number

▸ Authorized Province of Practice | ▸ Clinic Name

▸ Clinic Address | ▸ City | ▸ Province

▸ Postal Code | ▸ Telephone | ▸ Fax | ▸ Email

Method of Consultation ▸ Location of Consultation ☐ Same as above

- ☐ In person
- ☐ Telemedicine

Address | City | Province | Postal Code

☐ I consent to receive medical cannabis products at my business address on behalf of this patient. Initial: _____

I attest to the information in this medical document being correct and complete.

_____
Signature

▸ Date *(mm/dd/yyyy)*

If faxing directly to MyMedi.ca, I acknowledge that the faxed medical document is now the original medical document and that I have retained a copy of this document for my records only.

▸ Initials

For healthcare professionals: Please fax this completed document to 1-844-500-4042. For patients: Mail this original document to **MyMedi.ca** c/o Northern Green Canada Inc., 275 Orenda Road, Brampton, ON L6T3T7