



STEP 2:

Medical Document

[Section 141]

PAGE 1 OF 2

FORM MAY BE FILLED OUT IN ADOBE READER AND PRINTED FOR SIGNING AND COMPLETION (CLICK IN BLANK AREAS, TYPE, THEN TAB TO NEXT FIELD)

**HEALTHCARE PRACTITIONER INFORMATION**

TITLE  DR.  NURSE PRACTITIONER FIRST NAME LAST NAME

PROFESSION CLINIC / BUSINESS NAME

PROVINCE LICENSE HELD IN LICENSE #

PHONE NUMBER FAX NUMBER EMAIL

BUSINESS ADDRESS (STAMP OR LABEL ACCEPTABLE)  
OR LIST STREET ADDRESS, CITY / TOWN, PROVINCE, POSTAL CODE.

CONSULTATION ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)  
OR LIST STREET ADDRESS, CITY / TOWN, PROVINCE, POSTAL CODE.

CHECK BOX IF CONSULTATION ADDRESS IS SAME AS BUSINESS ADDRESS

PLEASE INDICATE PREFERRED METHOD OF CONTACT FOR MEDICAL DOCUMENT VERIFICATION:  PHONE  FAX  EMAIL

**PATIENT INFORMATION**

FIRST NAME LAST NAME

ADDRESS

CITY / TOWN PROVINCE POSTAL CODE

EMAIL BIRTHDATE YEAR MONTH DAY

PHONE NUMBER

▶ IS THIS PATIENT PALLIATIVE?  YES  NO ▶ DOES THIS PATIENT HAVE A PERMANENT DISABILITY?  YES  NO

**NOTE:** Palliative and permanently disabled patients may qualify for compassion pricing discount.



**PRESCRIPTION**

**NOTE: Dosage Range NOT acceptable (ie: 1 – 3 g)**

GRAMS MONTH(S) DAY(S) WEEK(S)

▲ # OF GRAMS PER DAY FOR ▲ # OF MONTHS (MAXIMUM 12) OR ▲ # OF DAYS OR ▲ # OF WEEKS

INDICATION (OPTIONAL)

**Billing fee for verification is not required.**

**NOTE:** Prescription expires at the end of the period of validity of this Medical Document [Section 129]). The period of use begins on the day on which the Medical Document was signed by your health care practitioner. Prescription must be registered with Zenabis Ltd. within 30 days of writing.

I hereby attest that the information contained within this document is correct and complete.

HEALTHCARE PRACTITIONER SIGNATURE  PRINT NAME BELOW

DATE YEAR MONTH DAY

**IF DOCTOR / HEALTHCARE PRACTITIONER AGREES TO RECEIVE MEDICAL MARIJUANA FOR THIS PATIENT, AN ATTESTATION ON THE APPLICATION MUST BE SIGNED (SECTION 2).**



STEP 2:



## Your Medical Document



Authorizing the use of marijuana for medical purposes

### INSTRUCTIONS TO THE PATIENT:

This Medical Document is to be completed by your healthcare practitioner (family physician, specialist, or, in some provinces, a nurse practitioner). To complete your registration as a client of Zenabis Ltd., please mail this form together with your Registration form (Step 1) and a copy of your Personal Health Information Disclosure Consent form, to:

- » Registration Form (Step 1 documents)
- » **ORIGINAL Medical Document** (Step 2 documents)  
*(completed and signed by your healthcare practitioner)*
- » Copy of Personal Health Information Disclosure Consent  
(Step 3 documents)

**Zenabis Ltd.**

1668 Fosters Way, Delta, BC, Canada V3M 6S6

### INSTRUCTIONS TO THE HEALTHCARE PRACTITIONER:

The Government of Canada's ACMPR (Access to Cannabis for Medical Purposes Regulations) has simplified the process for patients to access medical marijuana. Under the new system, only two documents must be provided to a Licensed Producer. Zenabis also requests the patient to fill out a Personal Health Information Disclosure Consent form, so that we may verify the prescription details as required by Health Canada. We ask that you, the healthcare practitioner, keep the original Personal Health Information Disclosure Consent form document on file, and have the patient send us a copy. **Section 132(1) of the ACMPR stipulates that the Licensed Producer must verify that the patient has consulted with a Licensed Health Care Practitioner, that the information set out in the Medical Document is correct and complete, and must confirm these matters with the office of the healthcare practitioner. Billing fee for verification is not required.**

We appreciate you taking the time to help ensure that Health Canada's ACMPR Prescription compliance requirements are met. If you have any questions or require further information to help you make an informed decision as to whether medical marijuana is appropriate for your patient, please refer to our website at [www.zenabis.com](http://www.zenabis.com) or contact us via email [[info@zenabis.com](mailto:info@zenabis.com)] or call 1.855.936.2247.

The Government of Canada ACMPR information may be reviewed at: [laws.justice.gc.ca/eng/regulations/SOR-2016-230/](http://laws.justice.gc.ca/eng/regulations/SOR-2016-230/)

- » **Please completely fill out and sign the Medical Document on Page 2**
- » Keep Original Personal Health Information Disclosure Consent form (A Zenabis Customer Service representative will contact your office for verification purposes).

Fill out form on reverse

**NOTE: Form may be filled out in Acrobat Reader and printed for signing**