Medical Document

Agro-Greens Natural Products Ltd.
5508 - 48 Street, Box 126
Macklin, Saskatchewan S0L 2C0
Phone: 1-844-922-2244
Fax: 1-639-398-2244 ext. 6
Email: info@agrogreens.ca

To Be Completed By The Healthcare Provider

Section 1: Patient Information — *THIS SECTION IS MANDATORY*

First Name(s)	Middle Name(s)	Last Name
Date of Birth (M M D D Y Y Y Y)	Gender	

Section 2: Healthcare Provider Information — *THIS SECTION IS MANDATORY*

First Name(s)	Middle Name(s)	Last Name
Profession	Medical License Number(s)	Provinces Licensed In ☐AB ☐BC ☐MB ☐NB ☐NL ☐NS ☐NT ☐NU ☐ON ☐PE ☐QC ☐SK ☐YT

Business Address (a stamp is acceptable here)	Consultation Address (if different than business address)

Phone	Fax	Email

Please indicate the Healthcare Provider's preferred method of contact for medical document verification: ☐ Phone ☐ Email

Section 3: Written Order — *THIS SECTION IS MANDATORY*

NOTE - The maximum quantity of dried cannabis a client may possess at any time cannot exceed the lesser of: 150 g or 30 times the daily maximum amount prescribed below, as per the Cannabis Regulations.
- The prescription period cannot exceed one year and will begin on the day this document is signed by the Healthcare Provider.

Medical Diagnosis	
Daily Prescribed Maximum Quantity of Dried Cannabis (g/day)	Prescription Period (maximum 12 months) _____ Days _____ Weeks _____ Months

Please have the Healthcare Provider sign below to confirm that the information listed above is corrected and complete.

Signature of Healthcare Provider	Date (M M D D Y Y Y Y)

Section 4: Submission

FAX

Fax submissions must be initialled below and sent from the Healthcare Provider's Office.

Initials of Healthcare Provider

By initialling, the Healthcare Provider acknowledges that if the Medical Document was faxed to Agro-Greens the faxed copy constitutes the original Medical Document and that he/she will retain a copy of this document for their records. The Healthcare Provider also attests that this Medical Document will not be faxed or provided to any party other than Agro-Greens.

AGRO-GREENS FAX 1-639-398-2244 ext. 6

MAIL

Mailed submissions must contain the **ORIGINAL** of this document and a completed Application Form.

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