



## MEDICAL PRACTITIONER RECOMMENDATION FOR MEDICAL CANNABIS

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

Phone Number (\_\_\_\_) \_\_\_\_\_ has been diagnosed with \_\_\_\_\_

- I recommend cannabis to help my patient with his/her symptoms.
- This patient has reported that his/her symptoms are helped by cannabis and therefore, on the basis of my knowledge, he/she should have access to it.
- This patient has reported that his/her symptoms are helped by cannabis.
- I do not recommend the use of cannabis for the reasons stated below:
  - Medical: Please explain \_\_\_\_\_
  - Legal: Please explain \_\_\_\_\_
  - Other: Please explain \_\_\_\_\_
- This patient is in a critical stage of his/her illness or treatment and requires immediate attention.
- Daily recommended amount \_\_\_\_\_

PRACTITIONER'S SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

PRACTITIONER'S PHONE: \_\_\_\_\_

PRACTITIONER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_



Physician's Stamp / License #