



## Medical Document

---

This form is to be completed ONLY by a Healthcare Professional. A healthcare professional includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where they are registered and entitled to prescribe cannabis.

### Section 1: Patient Information

---

Client Name:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
First Name Last Name Year MM DD

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2: Healthcare Professional Information

---

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Title First Name Last Name

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Profession Medical Licence # Province(s) Licensed to Practice In

Clinic Address: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Phone Fax

### Section 3: Dosage Information

---

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Daily Quantity (grams/day) Diagnosis (Optional) Period of Use (Do not exceed 365 days)

- Please note: According to Health Canada, the average amount of cannabis consumed by patients for medical purposes is 1–3 grams per day. There is, however, no limit to the daily amount allowable.



## Section 4: Healthcare Professional Authorization

---

I certify the information contained in this document is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Printed)

## Section 5: How to Submit the Medical Document

---

Send Completed Forms via:

1. Secure Fax – 604.826.9799

We can accept this document by fax only directly from your office and with your acknowledgment

that the faxed Medical Document is the original Medical Document.

I certify this fax is the original document

OR

2. Mail – Original documents ONLY (sent via patient or Health Care Practitioner)

Experion Wellness

Attention: Client Care

12556 Stave Lake Road

Mission, BC

V2V0A6