



THE GREEN ORGANIC DUTCHMAN
PO BOX 219, LYNDEN, ON L0R 1T0
PHONE: 1-888-603-TGOD | FAX: 1-800-526-2821
EMAIL: CARE@TGOD.CA

Medical Document

THIS FORM IS TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Section 1

APPLICANT INFORMATION

FIRST NAME(S)	LAST NAME
DATE OF BIRTH (YYYY/MM/DD)	GENDER (CIRCLE ONE) FEMALE / MALE / OTHER
EMAIL	PHONE

Section 2

HEALTH CARE PRACTITIONER INFORMATION

FIRST NAME(S)	LAST NAME	
PROFESSION		
LICENSE/REGISTRATION NUMBER		
PROVINCE OF LICENSE/REGISTRATION		
BUSINESS ADDRESS		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
EMAIL	PHONE	FAX
LOCATION OF CONSULTATION (IF DIFFERENT THAN BUSINESS ADDRESS)		
CITY	PROVINCE	POSTAL CODE

Section 3

PRESCRIPTION INFORMATION

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 Act. The prescription period cannot exceed one year and will begin on the day this document is signed by the Health Care Practitioner.	
DAILY PRESCRIBED MAXIMUM QUANTITY OF DRIED CANNABIS (G/DAY)	
PRESCRIPTION PERIOD (MAXIMUM 12 MONTHS)	
I HEREBY CERTIFY THAT THE INFORMATION IN THIS DOCUMENT IS CORRECT AND COMPLETE.	
SIGNATURE OF HEALTH CARE PRACTITIONER	DATE (YYYY/MM/DD)

Please FAX completed, signed form to 1-800-526-2821