66 Leek Crescent, unit 4
Richmond Hill, ON
L4B 1H1
1-(833)444-4664
patientcare@sensimed.ca

Registration Amendment Form

Change of a Residential, Mailing, or Shipping Address

Patient information:

First Name: ____

Last Name: ____

Telephone Number: _______________________________

Email Address: _______________________________________

Address:

____

City: _____________________________ Province ____________________________

Postal Code: ____________________

Telephone Number: _______________________________

Fax Number: _______________________________

Email Address: ____________________________________

Is the address above an establishment that is not a private residence? Yes No
If yes, please provide the type and name of the establishment below:

Type (example: nursing or care home): ________________________________

Name of Establishment: ____

Mailing address of residence (if different from above)
Address:

____

City: _____________________________ Province: ______________________________

Postal Code: ________________

Shipping address
This is the address we will ship your product to. This address must be either the mailing address of the residence above, or the business address of your health care practitioner as specified in the Medical Document.

___ Same as mailing address of residence
___ Health care practitioner's address as specified in the Medical Document

Practitioner Information:

Have your health care practitioner complete this section if they have agreed to receive medical marijuana on your behalf. Product will ship to the business address specified on the Medical Document. If at any time you wish to cease receiving medical marijuana on behalf of a patient, you must notify the Licensed Producer and Client/Patient.

Health care practitioner information Individual(s) responsible for client (if applicable):

Title : _______
Name: ____

I , _____________________________ , agree to receive medical marijuana on behalf of _____________________________ .

Signature: ____
Date: __________________________

Individual(s) responsible for client (if applicable)

Title : _______
Name: ____
Date of Birth: ______________________________________
Gender: Male Female

I , __________________________________ , attest that I am responsible for _______________________________________.

Signature: ____
Date: ________________________________

Second responsible individual (if applicable)
Name: ____
Date of Birth: ____
Gender: Male Female

I , __________________________________ , attest that I am responsible for ____.

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Signature: ____
Date: _________________________________

Acknowledgement of client or responsible individual(s):

- The client ordinarily resides in Canada.
- The information contained in this application is correct and complete.

Signature of client:

____

OR Signature of responsible individual(s) (if applicable):

____ ____________________

Date: __________________