



Rosebud Productions Inc. 115-23000 Fraserwood Way Richmond, BC V6V 3C7	<b>CLI-001 Form B.3 MEDICAL CLIENT DELIVERY TO HEALTHCARE PRACTITIONER</b>			
	Revision Number	V1.1	Effective Date	Aug 23 2021
	<b>Name</b>	<b>Signature</b>	<b>Date</b>	
Author:	Enas Jewaid	<i>EJ</i>	Aug 23, 2021	
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Approved by QAP	Cindy Chow	<i>CC</i>	Aug 23 2021	

**Part 3: Health Care Practitioner Information** (Please complete this section)

Title/Profession:

Name (surname, given name):

Clinic Business Name:

Address Line 1:

City:

Address Line 2:

Province:

Telephone #:

Postal Code:

Fax #:

**Shipping Address**

Address Line 1:

City:

Address Line 2:

Province:

Telephone #:

Postal Code:

Fax #:

I, \_\_\_\_\_, consent to receive cannabis on behalf of the  
(Name of practitioner)

Applicant.

Healthcare Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Withdrawal of consent by the Health Care Practitioner – If the Health Care Practitioner ceases to consent to receive cannabis for the Applicant, the practitioner must send a written notice to that effect to the Client and to the Licensed Producer.

**Part 4: Additional Information** (Optional)

Is there anything else you would like us to know?

**Part 5: Acknowledgement**

The Applicant and/or the person responsible for the Applicant must read and acknowledge the following:

- The Applicant is ordinarily a resident of Canada.
- The information in the application and medical document is correct and unaltered.
- The medical document is not being used to seek or obtain cannabis products from another source.
- The original medical document accompanies this application.
- The Applicant will use cannabis products only for their own medical purposes.

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

Responsible Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** When returning this application please include the original medical document signed and dated by your Health Care Practitioner. The original copy of the medical document is required to complete your registration.