115-23000 Fraserwood Way Richmond, BC	Revision Number	V1.1	Effective Date	Aug 23 2021			
V6V 3C7	Name	Signature	Date				
Author:	Enas Jewaid	EG	Aug 23, 2021				
Reviewed by:	Madeleine Gwynne	mg	August 23 202	21	1		
Approved by QAP	Cindy Chow	CC	Aug 23 2021				
□ New Client □ Renewal (Current Client ID #)							
Part 1: Applicant Information							
Applicant's Name (surname, given name	):						
Gender:	□ Male		☐ Female	e 🗆 Undisc <b>l</b> o	sed		
Date of Birth (MM/DD/YYYY):							
Would you like to sign up for online shop	oing?	□Y	es	□ No			
Email Address (Required for online shopping):							
Decidence							
Residence Address Line 1:		City					
Address Line 1: Address Line 2:		City:	ince:				
Telephone #:			al Code:				
Fax #:		1 030	ai Oode.				
Mailing Address (If different from reside	nce)						
Address Line 1:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City:					
Address Line 2:	Province:						
Telephone #:		Post	al Code:				
Fax #:							
Part 2: Individual(s) Responsible for th	e Applicant (If	you have	caregiver[s]	, please complete th	nis section)		
Person 1							
Name (surname, given name): Gender:	□ Mole		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		. a d		
	□ Male		☐ Female	□ Undisclos	sea		
Date of Birth (MM/DD/YYYY): Telephone #:							
Email Address:							
Email Address.							
I.		. W	illingly assum	ne responsibility for	the Applicant.		
(Name of caregiver)		,		is respending to	aro / ippiroa		
Responsible Individual's Signature:				Date:			
Person 2							
Name (surname, given name):							
Gender:	□ Male		☐ Female	e 🗆 Undisclo	sed		
Date of Birth (MM/DD/YYYY):							
Telephone #:							
Email Address:							
I,(Name of practition		,	consent to re	eceive cannabis on t	oehalf of the		
(Name of practition Applicant.	er)						
Αργιισαπί.							

CLI-001 Form B.3 MEDICAL CLIENT DELIVERY TO HEALTHCARE PRACTITIONER

Rosebud Productions Inc.

	CLI-001 Form B.3 MEDICAL CLIENT DELIVERY TO HEALTHCARE PRACTITIONER				
Rosebud Productions Inc. 115-23000 Fraserwood Way Richmond, BC V6V 3C7	Revision Number	V1.1 Signature		Aug 23 2021	
Author:	Enas Jewaid	EG	Aug 23, 2021		
Reviewed by:	Madeleine Gwynne	MG	August 23 2021		
Approved by QAP	Cindy Chow	CC	Aug 23 2021		

Part 3: Health Care Practitioner Information (Please	e 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 #:						
l,	, consent to receive cannabis on behalf of the					
(Name of practitioner) Applicant.						
Applicant.						
Healthcare Practitioner's Signature:	Date:					
*Withdrawal of consent by the Health Care Practitioner - If t	the Health Care Practitioner ceases to consent to receive cannabis for					
the Applicant, the practitioner must send a written notice to t	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:						
i pr	3					
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.						
<ul> <li>The Applicant will use cannabis products only for their own medical purposes.</li> </ul>						
The Applicant will use carriagis products only for	their own medical purposes.					
Applicants Signature:	Date:					
11 5						
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.