



# MEDICAL DOCUMENT

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Thank you for choosing to register with Northern Green Canada (NGC). As a Canadian licensed producer of cannabis, our primary goal is your safety. Our aim is to provide you with comprehensive support and research to empower your decision to utilize cannabinoids to improve your quality of life.

You can be assured at NGC we develop cannabis products backed by research contributed by scientists, doctors, and a network of cultivation experts, both domestic and international. Our team fosters a client-centered care approach - what you value is what we care about.

We appreciate you taking the time to consider whether medical cannabis meets the needs of your patient. To preserve and adhere by the guidelines set forth by Health Canada we ask that no stamps be used to fill out this Medical Document.

If you have any questions or concerns, or wish to have additional information sent to you, please contact our Client Services team by:

Phone: **1-866-233-3707**  
Email: **[clientservices@northerngreencanada.com](mailto:clientservices@northerngreencanada.com)**

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## INSTRUCTIONS

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*This form is to be completed only by a Healthcare Professional, such as a Family Physician, Specialist, or Nurse Practitioner.*

**This Medical Document can be submitted to Northern Green Canada by one of the following methods:**

**1. By Secure Fax**  
**1-647-361-4710**

*We can accept this document by Secure Fax with the Healthcare Professional's acknowledgement that the faxed document is the original version of the document. See Page 2 of this Medical Document for instructions.*

**2. By Regular Mail - Original Paper Copy**

**ATTN: Client Services Team**  
**RPO City Centre**  
**PO Box 51075**  
**Brampton, ON**  
**L6T 5M2**

*Following Health Canada regulations, if you are submitting the physical document by mail, NGC is required to receive the original version of the document. See Page 2 of this Medical Document for instructions.*

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The Patient Applicant must also register with Northern Green Canada to accompany this Medical Document in order to become a fully registered medical cannabis patient with Northern Green Canada.

To expedite the registration process, the Patient Applicant can complete their registration online quickly and easily at: **[NorthernGreenCanada.com/Register](http://NorthernGreenCanada.com/Register)**

Alternatively, the Patient Applicant may submit a paper copy of the Registration Form, either printed from our website, or by request via our Client Services team number (seen above).



## 1. PATIENT INFORMATION

Full Name:	Date of Birth:
	MM/DD/YYYY

## 2. HEALTHCARE PROFESSIONAL INFORMATION

Full Name:	Profession:	
Province(s) Authorized to Practice:	Licensee Number(s):	
Office Address:	Apt/Suite:	
City:	Province:	Postal Code:
Email:	Phone:	Fax:

Is the above Office Address the consultation location for this Patient Applicant?

Yes, same location

No, different location

Only complete the below section if you selected 'No, different location'

Address:	Apt/Suite:	
City:	Province:	Postal Code:

## 3. DOSAGE INFORMATION

Daily Quantity of Dried Cannabis to be used by Patient:

Grams per Day:	Max THC %: <i>(optional)</i>	Max CBD %: <i>(optional)</i>

Period of Use:  
Cannot exceed 1 year

Months:	Weeks:	Days:

Medical Condition:

Diagnosis:

Additional Guidance:

\* - Please note that within any 30-day period, we will not provide a total quantity of cannabis products that exceeds 30 times the daily authorized amount.



## 4. CERTIFICATION

### Consent to Receive on behalf of the Patient

**Certification by Healthcare Professional:** *As requested on the Patient Applicant's registration, I consent to receive medical cannabis from Northern Green Canada on behalf of the Patient Applicant*

Initial Here

### Certification of original version of Medical Document

**Certification by Healthcare Professional:** *I have chosen to submit the original Medical Document via Secure Fax or by Regular Mail. If the Medical Document is faxed, I acknowledge that the faxed Medical Document is now the original Medical Document and that I have retained a copy of this document for my records only.*

Initial Here

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This document must be fully completed by the applicant's authorized health care practitioner as defined by Health Canada in the Access to Cannabis for Medical Purposes Regulations (ACMPR). An authorized health care practitioner includes medical practitioners and nurse practitioners where prescribing medical cannabis for medical purposes is permitted under their scope of practice. For detailed outline regarding required information to ACMPR, [click here](#).

By signing this document, you confirm you are a licensed health care practitioner not named in a notice issued under section 59 of the Narcotic Control Regulations that has not been retracted under section 60 of those Regulations; you consulted with the applicant and you attest that the information contained in this document is correct and complete.

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### Certification of Medical Document

**Certification by Healthcare Professional:** *I hereby certify that the information presented in this document is accurate and complete.*

Healthcare Professional Full Name:	
Healthcare Professional Signature:	Date:
 	MM/DD/YYYY