

Physician's Statement of Diagnosis

I hereby certify that _____

(Patient's name)

is currently be treated for the following condition(s): _____

And/or suffers from the following symptoms: _____

I recommend cannabis to help my patient with her/his symptoms.

This patient has reported that her/his symptoms are helped by cannabis and therefore, on the basis of my knowledge, s/he should have access to it.

This patient has reported that his/her symptoms are helped by cannabis.

I do not recommend the use of cannabis for the reasons stated below:

Medical: Please Specify _____

Legal: Please explain _____

Other: Please explain _____

This patient is in a critical stage of their illness or treatment and requires immediate attention.

[] I am aware that my office may be contacted to confirm the authenticity of this information.

Name: _____ Date: _____

Signature: _____

License Number: _____

Street Address: _____ Province: _____

Postal Code: _____

Phone Number: _____

Practitioner's Stamp: _____