

SECTION 1: Patient Information

Information must match information on patient registration form.

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
Date of Birth (MMM/DD/YYYY):	Email:
<input type="text"/>	<input type="text"/>
Phone #:	Male: Female: Other:
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Caregiver required?* Yes No * A caregiver is a responsible individual for the applicant who is able to complete documents on their behalf. If yes, please complete 'Section 7: Caregiver Information' on the Registration Application.

SECTION 2: Health Care Practitioner Information

Please print clearly in full (no abbreviations).

Title:	First Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Profession:	License #:	License Province:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Care Practitioner's
business address

or

Full business address of the location
at which the patient consulted the
health care practitioner (if different)

NOTE: STAMP OR STICKER IS ACCEPTABLE HERE

Phone #:	Extension:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: Prescription

Quantity (grams per day):	Duration - # of days, weeks, and/or months (365 days max):
<input type="text"/>	<input type="text"/>
Diagnosis:	
<input type="text"/>	
THC limitation (% or mg/mL):	Additional notes:
<input type="text"/>	<input type="text"/>

Section 3: Prescription Continued on Following Page.

SECTION 3: Prescription Cont.

 Dried Cannabis:

Type	Description	THC %	CBD %
Star 1	CBD-dominant	< 2.0	≥ 7.0
Star 2	1:1 THC:CBD	≥ 2.0 - ≤ 12.0	≥ 2.0 - ≤ 20.0
Star 3	THC-dominant	≥ 9.0 - ≤ 28.0	< 2.0

 Cannabis Extract - Inhalation:

Type	Description	THC mg/g	CBD mg/g
Star 1	CBD-dominant	< 30	700 - 900
Star 2	1:1 THC:CBD	300 - 500	300 - 500
Star 3	THC-dominant	> 550 - 900	< 10

 Cannabis Extract - Ingestion:

Type	Description	THC mg/mL	CBD mg/mL
Star 1	High CBD	≤ 2.8	≥ 17.0
Star 2	1:1 THC:CBD	≥ 8.0 - ≤ 17.0	≥ 8.0 - ≤ 17.0
Star 3	High THC	> 17.0 - ≤ 28.0	≤ 2.0
Prime CBD	High CBD	≤ 2.8	≥ 34.0
Prime 1:1	1:1 THC:CBD	≥ 20.0 - ≤ 28.0	≥ 20.0 - ≤ 28.0
Prime THC	High THC	> 28.0 - ≤ 30.0	≤ 4.0

 Cannabis Topicals:

Product	Description	THC mg/unit	CBD mg/unit
Topicals CBD	High CBD	< 20	200
Topicals 1:1	1:1 THC:CBD	100	100
CBD Patch	High CBD	4	20
Balanced Patch	1:1 THC:CBD	10	10
THC Sativa Patch	High THC	20	4
THC Indica Patch	High THC	20	4

 Edibles - Ingestion:

Product	Description	THC mg/unit	CBD mg/unit
CBD Soft Chews	High CBD	< 1	20
Balanced Soft Chews	1:1 THC:CBD	5	5
THC Soft Chews	High THC	5	< 1

Health Care Practitioner Signature:

Date Signed (MMM/DD/YYYY):

Attest that the information contained herein is correct & complete

 PLEASE INITIAL HERE IF
 SUBMITTING THIS DOCUMENT
 TO WEEDMD BY FAX


I have chosen to submit the original Medical Document to WeedMD Rx Inc. via WeedMD Rx Inc.'s secure fax. 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.