

# STARSEED

Medicinal Inc.

## Secure Fax Cover Letter

Please send the medical document and this cover letter to 1-844-756-0470

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**From** \_\_\_\_\_

**Your Fax #** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Initial** \_\_\_\_\_

Sign above if you are submitting the Medical Document to Starseed Medicinal Inc. using the secure electronic Sfax system and attest to the following:

I attest that the information in this Medical Document is correct and complete and that I have consulted with the patient referenced in it.

The provincial professional licensing authority of the province(s) in which I am authorized to practice approves of the use of electronic medical documents and I have chosen to submit the original Medical Document to Starseed Medicinal Inc. via the secure electronic Sfax system. This document is being sent directly from my medical office, 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 medical records only.