

Website: www.cannalogue.ca
Phone: 1-833-226-6248
Email: registrations@cannalogue.ca
Secure Fax: 1-833-295-5133
Address: P.O. Box 94 Stn Don Mills, North York, ON, M3C 2R6



Cannalogue Medical Document

Instructions for a Healthcare Practitioner: Complete the Cannalogue Medical Document and have it faxed directly from your medical office to Cannalogue at 1-833-295-5133 or mail it to P.O. Box 94 Stn Don Mills, North York, ON, M3C 2R6.

Healthcare Practitioner Information *(please complete all fields)*

Given Name: _____ Surname: _____ College No.: _____
Authorized Province/Territory: _____ Medical Licence: MD NP
Business Name and Address of Office/Clinic: _____
City: _____ Province/Territory: _____ Postal Code: _____
Office Phone: _____ Fax: _____ Email: _____

Patient Information *(please complete all fields)*

Given Name: _____ Surname: _____ Gender: Male Female Other
Date of Birth: _____ Home Phone: _____ Mobile Phone: _____
(YYYY/MM/DD)
Health Card Number: _____ Residential Address: _____
City: _____ Province/Territory: _____ Postal Code: _____
Email: _____ Preferred Method of Contact: By Phone By Email

Diagnosis and Prescription

Consultation Address: Same as Business Address Online Other *(please specify)* _____
Medical Diagnosis: _____ Authorized Daily Quantity: _____ grams
Period of Use *(must not exceed 365 days)*: _____ days Recommended Products *(if any)*: _____
Restrictions *(if any)*: _____

Authorization of Healthcare Practitioner

I acknowledge that the information in this document is correct and complete, and that I have consulted with the patient or the patient's Responsible Adult.

By providing my initials in the box to the left, I acknowledge that the faxed medical document sent to Cannalogue is the original and that I have retained this completed form as a copy for my medical records.

Initial here

Healthcare Practitioner Signature

Date