



Medical Document

This form is to be completed ONLY by a Healthcare Professional. A healthcare professional includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where they are registered and entitled to prescribe cannabis.

Section 1: Patient Information

Client Name:

_____ Date of Birth: _____ | _____ | _____
First Name Last Name Year MM DD

Phone: (____) _____ - _____ Email: _____

Section 2: Healthcare Professional Information

_____ Title First Name Last Name

_____ Profession Medical Licence # Province(s) Licensed to Practice In

Clinic Address: _____

_____ City Province Postal Code

_____ (____) _____ - _____ (____) _____ - _____
Email Phone Fax

Section 3: Dosage Information

_____ Daily Quantity (grams/day) Diagnosis (Optional) Period of Use (Do not exceed 365 days)

- Please note: According to Health Canada, the average amount of cannabis consumed by patients for medical purposes is 1–3 grams per day. There is, however, no limit to the daily amount allowable.



Section 4: Healthcare Professional Authorization

I certify the information contained in this document is accurate and complete.

Signature: _____ Date: _____

Name (Printed)

Section 5: How to Submit the Medical Document (Must be Healthcare Professional)

Send Completed Forms via:

Mail – Original documents ONLY
Experion Wellness
Attention: Client Care
12556 Stave Lake Road
Mission, BC
V2V0A6