medical cannabis
by SHOPPERS DRUG MART

Medical Cannabis by Shoppers Drug Mart Inc.
6941 Kennedy Road, Unit 100
Mississauga, ON L5T 2R6

www.shoppersdrugmart.ca/cannabis
Fax: 1-866-220-2627
Tel: 1-844-633-2627

Medical Document

To be completed by a healthcare professional for the purposes of medical cannabis authorization

Patient information

Information must match details on Patient Registration Form.

First name | Last name | Date of birth *(mm/dd/yyyy)* | ☐ Male ☐ Female

Diagnosis or condition | Daily quantity *(g/day)* | Period of use *Please note, period of use (in months) may not exceed 12*

Additional information:

Healthcare professional information

First name | Last name | Profession | License number

Authorized province of practice | Clinic name

Clinic address | City | Province

Postal code | Telephone | Fax | Email *(optional)*

Method of consultation

☐ In person
☐ Telemedicine

Location of consultation ☐ Same as above

Address | City | Province | Postal code

☐ Medical document submitted via fax ☐ I agree to receive my patient's medical cannabis delivery at my business address

I attest to the information in this medical document being correct and complete.

Signature | Date *(mm/dd/yyyy)*

If faxing directly to Medical Cannabis by Shoppers Drug Mart Inc., 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 only.

Initials

For healthcare professionals: Please fax this completed document to 1-866-220-2627
For patients: Please drop off this completed original document at your local Shoppers Drug Mart OR mail this original document to Medical Cannabis by Shoppers Drug Mart Inc., 6941 Kennedy Road, Unit 100, Mississauga, ON L5T 2R6