medical cannabis by SHOPPERS

Medical Cannabis by Shoppers
6941 Kennedy Road, Unit 100
Mississauga, ON L5T 2R6

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

Patient Registration Form *(Please note: This form consists of 3 pages)*

*Note: If you are the caregiver, please complete this form along with the patient and sign the caregiver acknowledgment and confirmation.
The patient's first and last names must be identical to what is written on the Medical Document.

First name | Last name | Date of birth *(mm/dd/yyyy)* | Gender

Fields marked with ▶ are required.

Type of registration

☐ New patient ☐ Transferring from a Licensed Producer *(print LP name)* ____________

Residential address | Apt | City | Province

Postal code | Primary phone | Secondary phone | Email

Preferred means of communication: ☐ Primary phone ☐ Secondary phone ☐ Email

Mailing address

Check and complete this section only if it is different from above. Mailing address must be a residence, P.O. Box, healthcare professional office, or address of a business where you are employed.

Street address | City | Province | Postal code

Establishment residence type: long-term care, shelter, hostel (if applicable)

The establishment manager must complete this section:

Name of establishment | Type of establishment | Manager's printed name

Phone | Fax | Email

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

THIS APPLICATION IS NOT COMPLETE UNTIL THE PATIENT CONSENT IS ALSO SIGNED BY THE PATIENT (AND CAREGIVER IF APPLICABLE).

®/™ Trademarks of 911979 Alberta Ltd., used under license.

P2018-04E-25

Insurance information (if applicable)

Are you a Canadian veteran?

☐ Yes ☐ No

If so, please provide Blue Cross number:

Please provide a copy of your Blue Cross card with your completed Registration form.

Do you have private insurance coverage for medications?

☐ Yes ☐ No

If so, please provide insurer name:

Policy number:

Caregiver information (if applicable)

A caregiver is a designated adult who is responsible for the patient.

Caregiver first name (legal)

Caregiver last name (legal)

Date of birth _(mm/dd/yyyy)_

Gender

Relationship to patient

Primary phone

Secondary phone

Email

Caregiver acknowledgment and confirmation

I, ______________________________ acknowledge that I am the caregiver for ______________________________

(print caregiver name) _(print patient name)_

and take responsibility for the ordering, safe storage, and administration of medical cannabis products.

Signature of caregiver (if applicable) ____

Date _(mm/dd/yyyy)_

®/™ Trademarks of 911979 Alberta Ltd., used under license.

Consent

The patient (and caregiver if applicable) acknowledges and agrees to the following:

1. The patient (and caregiver if applicable) consent to Medical Cannabis by Shoppers Drug Mart Inc.'s collection, use and disclosure of personal information contained in this Patient Registration Form and the Medical Document or Registration (if applicable), in order to complete registration and communicate with the healthcare professional who has completed the Medical Document, licensing authorities, any supplier that may be responsible for production of medical cannabis, and service providers responsible for purchasing, distribution, and verification, in accordance with Shoppers Drug Mart Inc.'s Privacy Policy and applicable laws; and
2. The patient (and caregiver if applicable) permits Shoppers to (a) ship medical cannabis product and information to the physical address identified in the Patient Registration Form, and (b) communicate with the patient (and caregiver if applicable) via telephone or email about registration status, order status, product availability, and additional matters in accordance with Shoppers Drug Mart Inc.'s Privacy Policy. The patient (and caregiver if applicable) understands that electronic communications are not secure and can be forwarded, intercepted, circulated, stored or even changed without their knowledge or permission and agrees to accept that risk. Electronic communication is at the patient's (and caregiver's if applicable) option and the option to communicate electronically may be withdrawn at any time by providing written notice to Shoppers;
3. If the patient (and caregiver if applicable) has specified a K number or policy number on the Patient Registration Form, the patient consents to Shoppers' sharing of personal details and information contained in the Patient Registration Form with Veterans Affairs Canada or the patient's insurance provider;
4. The information contained in the Patient Registration Form and Medical Document, or Registration Certificate (if applicable), is correct and complete; the patient ordinarily resides in Canada; the original Medical Document or Registration Certificate provided to Shoppers has not been modified; the Medical Document or Registration Certificate is not being used to obtain medical cannabis products from another source; the use of medical cannabis is for the patient's own medical purposes;
5. The patient (and caregiver if applicable) understands that the safety and risks associated with the use of medical cannabis have not be sufficiently studied and that using medical cannabis product obtained from Shoppers is done at their own risk. The patient (and caregiver if applicable) release Shoppers, its related entities, affiliates, subsidiaries, directors, officers, partners, providers, and employees from any and all actions, claims, complaints, and demands for damages, loss or injury arising as a consequence of the use of medical cannabis products obtained from Shoppers;
6. The patient (and caregiver if applicable) consents to the disclosure of personal information by the health care professional named in the Medical Document to Shoppers for the purposes of compliance with applicable laws. The patient (and caregiver if applicable) understand and agree that a copy of the Patient Registration Form, Medical Document, or Registration Certificate (if applicable), this Consent Form, as well as information about status of registration and usage patterns of medical cannabis may be provided to the healthcare professional named in the Medical Document;
7. Both patient and caregiver are required to sign if there is a caregiver, unless the caregiver is the patient's substitute decision maker (or equivalent to a substitute decision maker) under applicable laws (in which case only the caregiver shall be required to sign). If the patient does not sign, the caregiver, by signing below, confirms, acknowledges, and covenants that they are the patient's substitute decision maker.

Signature of patient

Date *(mm/dd/yyyy)*

Signature of caregiver/individual responsible for patient *(if applicable)*

Date *(mm/dd/yyyy)*

Please indicate if you consent to receiving email communications from Shoppers containing offers and updates related to medical cannabis. You may unsubscribe at any time. ☐ Yes ☐ No

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

®/™ Trademarks of 911979 Alberta Ltd., used under license.