

Medical Document

This form is to be completed only by a healthcare professional such as a family physician, specialist, or in some provinces and territories, a nurse practitioner.

Instructions for the Healthcare Professional

There are THREE ways to send us this document:

- 1. Spectrum Cannabis Patient Management Portal (SpectrumCannabis.com/hcp)** – You can electronically transmit the necessary documents to coordinate speedy and accurate patient registration that is fully compliant with the Cannabis Act and its accompanying Regulations (the “Act”).
- 2. Secure fax** – We can accept this document by fax only directly from your office and with your acknowledgment that the faxed Medical Document is the original Medical Document.
- 3. Original paper copy** – We need to receive the original version of this Medical Document, completed and signed by the healthcare professional.

If you wish to send the original paper version, we can assist with the collection of forms by providing a self-addressed stamped envelope upon request.

You can use this form to prescribe dried cannabis, cannabis oil or softgels

Prescribing dried cannabis, cannabis oil, and softgels is easy. Simply continue to authorize in grams per day. Cannabis oil and softgels differ from dried cannabis in a number of ways, including both the onset and the duration of effects.

To learn more, please visit: SpectrumCannabis.com

Instructions for the Customer

The customer must submit a separate Registration Form to accompany this document.

To expedite the process, the customer can register at: SpectrumCannabis.com

Alternatively, the customer may submit a paper copy of the Registration Form, either printed from our website, or by request from our Customer Care Centre.

Our commitment to medical education

For more information, visit our Patient Management Portal where you will find overviews of clinical trials and indications, and a summary of Health Canada’s Information for Healthcare Professionals on Cannabis.

Please contact us to access these materials, or if you are interested in our continuing medical education (CME) events.

Our Medical Outreach Team can be reached at: Medical@SpectrumCannabis.com, or at 1-833-427-5463.

1. Healthcare Professional Information

First name _____ Last name _____ Profession _____

Office address _____ City _____

Province _____ Postal code _____ Telephone _____

Fax _____ Email _____

Medical License Number (indicate province if different than above) _____

2. Patient Information

First name _____ Last name _____ Date of birth _____ (DD/MM/YY)

Location of consultation (if different from healthcare professional address above) _____

Patient contact information: Email _____ Telephone _____**3. Dosage Information**

Important for healthcare professional: Patients may use this prescription for either dried cannabis or cannabis oil, and to select whichever strain or ingestion method they prefer. Health Canada does not require you to provide strain guidance, or to specify ingestion method. However, you may provide optional guidance or mandatory restrictions for patients, which we will enforce. If authorizing cannabis oil, dosage is still to be entered as total grams per day.

Daily quantity (grams/day)* _____ Diagnosis (optional) _____

Period of use (Please indicate the period of use in months up to but not exceeding 12 months)** _____ months

MANDATORY IF CHECKED If neither option is checked the default is that patients can order any combination of dried cannabis or cannabis oil.

Oil Only

Dried Only

ADDITIONAL GUIDANCE (e.g., contains CBD, THC percentage, etc.)**MANDATORY IF CHECKED****4. Certification by Healthcare Professional**

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

Signature _____ Name _____ (Printed) _____ Date _____ (DD/MM/YY)

5. Initial Here if Submitting the Medical Document by Fax or Healthcare Professional Portal

I have chosen to submit the original Medical Document via Secure ePortal Fax Line or via the secure Healthcare Professional Portal. I acknowledge that the faxed or electronically submitted Medical Document is now the original Medical Document and that I have retained a copy of this document for my records only.

Initial here

6. Further Information Available to Healthcare Professionals

Please follow up with my office to schedule a brief information session on medical cannabis

Please deliver materials for me to review

Please send me login credentials to the Spectrum Cannabis Healthcare Professional Portal

* 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 allowable amount that can be authorized.

** Please note that within any 30-day period, we will not provide a total quantity of cannabis products that exceeds 30 times the daily authorized amount.