



Green Cross Society of B.C. Practitioner's Statement:

Client Information:

First Name: _____ Last Name: _____ D.O.B.: _____

I am confirming that Mr/Mrs./Ms. _____
at the phone number: _____ has been diagnosed with _____
and is presenting symptoms of _____

- I recommend medical cannabis or other herbs to help my patient with his/her symptoms.
- This patient has reported that his/her symptoms are helped by cannabis and therefore, on the basis of my knowledge, he/she should have access to it.
- I do not recommend use because of the medical reasons stated below:

Medical: Please specify: _____

Legal: Please specify: _____

Other: Please specify: _____

Practitioner's Stamp

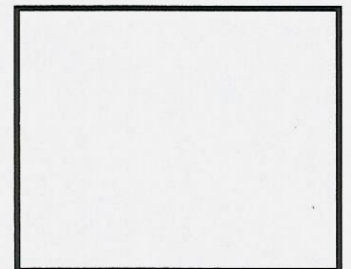
Practitioner's Signature: _____

Printed Name: _____


Date Signed: _____

Practitioner's Phone Number: _____

Practitioner's Address: _____



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 778-785-0370

 778-785-0477