United Greeneries Ltd.
PO Box 21090
Duncan, BC V9L 0C2
Phone: 1-877-915-7118
Fax: 1-604-608-9398
Email: customerservice@unitedgreeneries.ca
www.unitedgreeneries.ca

MEDICAL DOCUMENT

This must be completed by a Physician or Nurse Practitioner who is licensed in Canada

1. HEALTH CARE PRACTITIONER INFORMATION

Title | Given First Name | Last Name | Profession

Medical License # | Province of Issue of Medical License # | Phone | Fax

Business Address | Unit # | City | Province | Postal Code

Address of Consultation (if different from Business Address):

Consultation Address | Unit # | City | Province | Postal Code

2. PATIENT INFORMATION

☐ Female ☐ Male ☐ Other ☐ Undisclosed

Given First Name | Last Name | D.O.B. (MM/DD/YYYY)

3. PRESCRIPTION

Grams/Day | Duration in Days (Note: the period of use cannot exceed one year) | Max. THC (not required) | Diagnosis/Medical Condition (not required)

4. SIGNATURE

By signing this document, I, the Health Care Provider, attest that the information contained in this document is correct and complete.

Health Care Practitioner Signature: ______ Date (MM/DD/YYYY): ______

☐ **Initial if this Medical Document is being submitted via fax to United Greeneries Ltd.** I acknowledge that the faxed Medical Document is now the original document and that i have retained a copy of the original for office records only.

Please fax this complete document to 1-604-608-9398 or scan and email to: customerservice@unitedgreeneries.ca OR mail original document to:
United Greeneries Ltd. PO Box 21090 Duncan, BC, Canada V9L 0C2