

## PRACTITIONERS STATEMENT

Patient's Na	ame:	First	Last	D.O.B	G	
I am writing to	o confir	m that Mr	∴/Mrs./Ms			
at ph. Numbe	:r (	_)	has been diagnose	ed with		
and is presen	ıting syr	mptoms o	of			
□ I recon	I recommend cannabis to help my patient with her/his symptoms.					
•	This patient has reported that her/his symptoms are helped by cannabis and therefore, on the basis of my knowledge, s/he should have access to it.					
□ This pa	This patient has reported that his/her symptoms are helped by cannabis.					
□ I do no	□ I do not recommend the use of cannabis for the reasons stated below:					
	□ Medical: Please Specify					
	□ Legal: Please Explain					
	□ Other: Please Explain					
<ul> <li>This patient is in a critical stage of their illness or treatment and requires immediate attention.</li> </ul>						
Practitioner's	s Signa	ature:				
Printed Name:						
Date Signed:				Practitione	/ ^	
Practitioner's Phone:		e:		Stamp/Licen		
Practitioner's	s Addre	ess:				
41						