



PRACTITIONERS STATEMENT

Patient's Name: First Last D.O.B G

I am writing to confirm that Mr./Mrs./Ms. _____
at ph. Number (____) _____ has been diagnosed with _____
and is presenting symptoms of _____

- 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 patient has reported that his/her symptoms are helped by cannabis.
- I do not recommend the use of cannabis for the reasons stated below:
 - Medical: Please Specify _____
 - Legal: Please Explain _____
 - Other: Please Explain _____
- This patient is in a critical stage of their illness or treatment and requires immediate attention.***

Practitioner's Signature: _____ Printed Name: _____ Date Signed: _____ Practitioner's Phone: _____ Practitioner's Address: _____ _____ _____	Practitioner's Stamp/License #
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