

GreenGoddess Canna-Health

Charlottetown, PE

C1A 4H7

902-940-2349

PHYSICIAN'S REFERRAL LETTER FOR MEDICINAL MARIJUANA CONSULTATION

DATE: _____

REFERRING PHYSICIAN NAME: _____

ADDRESS: _____ CITY: _____

PROV. _____

POSTAL CODE _____ PHONE: _____ FAX: _____

To: Marijuana Access Canada (MEDICAL MARIJUANA EDUCATION CENTRE)

Suite # 701- 1120 Finch

Ave W Toronto , Ontario M3J 3H7 **1- 844- 518- 7845**

Toll Free Fax 1-888-501-5582

I am referring my patient named _____ to
your clinic.

Provincial Health Card #

D.O.B. _____

TEL: _____

The conventional medications and treatments that have been prescribed to them for
the symptoms of _____

_____ have not been
successful or effective.

Please conduct an assessment and have them consult with a doctor, to see if a
Medical Marijuana prescription obtained through the Health Canada Marijuana for
Access Cannabis As Medicine Program Regulations (ACMPR), would be of benefit to
them.

Thank you,

Physician's Signature

Dated Billing #

STAMP (If available)