



The Green Rhino, Medical Cannabis Dispensary

2570 Granville Street, Vancouver, BC.

1.888.661.5557

www.thegreenrhino.ca

Canada wide mail-order service

REQUEST FOR RELEASE OF INFORMATION

TO THE GREEN RHINO, MEDICAL CANNABIS DISPENSARY,

This form has been designed to ensure that confidentiality is a respected right, and to make provisions for the exchange of relevant information between service workers.

Therefore, I,

_____ hereby request that my:

Patient's Name

- Physician's statement and/or prescription
- Confirmation of membership
- Confirmation of diagnosis
- Other _____

be released from _____

and forwarded to **The Green Rhino, Medical Cannabis Dispensary** support@thegreenrhino.ca

This is ROI is intended for those seeking membership within The Green Rhino, Medical Cannabis Dispensary.

This consent is valid for one time only, and additional releases of information will require my consent. The person/organization to whom my information is being released is prohibited from further sharing without my written authorization.

PATIENT'S NAME: _____

SIGNATURE: _____

MEMBERSHIP NUMBER (IF APPLICABLE): _____

DATE: _____