



The Green Rhino, Medical Cannabis Dispensary

2570 Granville Street, Vancouver, BC.

1.888.661.5557

www.thegreenrhino.ca

Canada wide mail-order service

Dear Health Care Practitioner,

Your patient is requesting to receive services with The Green Rhino, Medical Cannabis Dispensary (GRMCD). GRMCD has created safe and supportive access to clean, high quality, affordable cannabis for those in medical need.

In order to maintain the level of legitimacy expected from our organization, the GRMCD requires a confirmation of diagnosis and/or recommendation from a Physician, Naturopath or Doctor of Traditional Chinese Medicine as a condition of membership.

As part of our orientation to the GRMCD, members learn about the safe and effective use of cannabis and the variety of alternative delivery methods available to them, such as smokables, edibles and tinctures. We have attached some legal and medical information for you to read. For more information on the use of cannabis for specific symptoms and conditions, please contact us or check <http://safeaccess.ca/research>.

In the Canadian Medical Association Journal (issue 161(8), pg. 1024 October 19, 1999), Dr. Morris Van Andel, then deputy registrar of the College of Physician's and Surgeons of BC, advises doctors to write a "confirmation" of a patient's medical condition rather than an illegal prescription. "I would say 'I am writing to confirm that Mr. Smith is HIV positive and that he has indicated that his chronic pain is helped by marijuana and therefore should such a substance be available to him, that on the basis of my knowledge of him, he should be eligible for that type of help.'"

Please fill in the attached Practitioner's Statement and fax it to our office. If you feel uncomfortable recommending cannabis due to medical, legal, or other concerns, please indicate this in the space provided. If you only feel comfortable confirming your patient's diagnosis, you may do so on our form or fax us a confirmation of your patient's diagnosis with the date and your name and signature on your letterhead or a prescription pad.

We strongly encourage all of our members to legally register their use of cannabis as a medicine with Health Canada, which they can do with your help. All forms and information can be seen at www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php. This is the only way to fully protect your patient from criminal prosecution.

We will call you to verify that the fax did indeed come from your office. For more information, please contact us at 1-888-661-5557, or by email at support@thegreenrhino.ca

Respectfully,

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FOR VALIDATION THIS FORM MUST BE FILLED IN BY AN MD, ND, OR DR. TCM, AND EMAILED FROM THE PRACTITIONER'S OFFICE TO THE GREEN RHINO, MEDICAL CANNABIS DISPENSARY SUPPORT@THEGREENRHINO.CA

FIRST

LAST

DATE OF BIRTH: MM/DD/YYYY

Patient's name: _____ / _____ / _____

I am willing to confirm that Mr./Mrs./Ms. _____

at phone 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 her/his 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# BELOW: