



Kelz

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PRACTITIONER'S RECOMMENDATION FOR MEDICAL CANNABIS

Patient's Name: _____ Date of Birth: _____
FIRST LAST MM DD YYYY

Phone: _____ has been diagnosed with _____

- I recommend cannabis to help my patient with his/her symptoms.
- This patient has reported that his/her symptoms are helped by cannabis and therefore, on the basis of my knowledge, he/she 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 reason(s) stated below:

- This patient is in a critical stage of his/her illness or treatment and requires immediate attention.
- Daily recommended amount _____

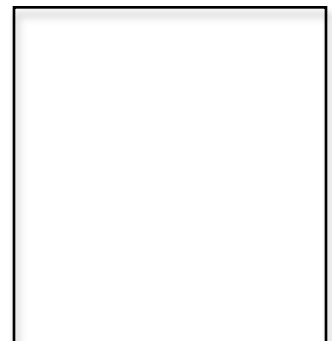
Practitioner's Signature: _____ Date Signed: _____
MM DD YYYY

Practitioner's Name: _____

Phone number(s): _____

Address: _____
STREET

CITY PROVINCE POSTAL CODE



Physician's Stamp