YOUR MEDICAL DOCUMENT.

This form is to be completed only by a healthcare practitioner such as a family physician, specialist, or in some provinces and territories, a nurse practitioner.

INSTRUCTIONS TO THE HEALTHCARE PRACTITIONER.

Thank you for taking the time to assess whether marijuana for medical purposes is appropriate for your patient.

THERE ARE TWO WAYS TO SEND US THIS DOCUMENT.

1. ORIGINAL PAPER COPY: Tweed requires the original version of this Medical Document, completed and signed by the healthcare practitioner.

2. FAX ALTERNATIVE: We can accept this document by fax only directly from your office, and only with acknowledgement that the faxed medical document is the original Medical Document.

If you wish to send the original paper version, we can assist with the collection of forms by providing self-addressed stamped envelopes upon request.

INSTRUCTIONS TO THE PATIENT.

To be fully registered, the patient must submit a separate registration form to accompany this document.

To speed up the process, we advise registering online.
Please visit: www.tweed.com/register.

Alternatively, the patient may submit a paper copy of the registration form, either printed from our website, or by request from our Care Centre.

TWEED'S COMMITMENT TO MEDICAL EDUCATION.

Tweed has created a Practitioners Portal accessible only by healthcare practitioners. The Portal contains useful information to help dispel inaccuracies (such as that marijuana must be smoked), gives overviews of clinical trials and indications, and provides a summary of Health Canada's Information for Healthcare Professionals on Cannabis.

Please contact us to obtain access to these materials or to answer any questions you may have, or if you are interested in continuing medical education events (CME) on the topic.

The Medical Outreach Team can be reached at meded@tweed.com, or by phone at 1-855-558-9333.

We look forward to hearing from you.

NEW: YOU MAY NOW USE THIS FORM TO PRESCRIBE DRIED CANNABIS AND CANNABIS OILS.

Prescribing cannabis oils is easy. Simply continue to authorize in grams per day. Tweed has created a uniform equivalency ratio, where 1 gram of dried cannabis is always equal to 10ml of Tweed's 10:1 Cannabis Oil.

Tweed's 10:1 Cannabis Oil differs from dried cannabis in a number of ways including both the onset and the duration of effects.

To learn more please visit: www.tweed.com/extracts.

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Your Medical Document.

SECURE FAX COMPATIBLE: 888-977-2595

HEALTHCARE PRACTITIONER INFORMATION:

First Name: Last Name: Profession:

Office Address: City:

Province: Postal Code:

Telephone No.: Fax No.:

E-mail:

Medical Licence Number *(indicate province if different than above)*:

PATIENT INFORMATION:

First Name: Last Name: Date of Birth: DD/MONTH/YY

Location of Consultation *(if different from practitioner address above)*:

Patient Contact information (*optional*): Email: Telephone No.:

DOSAGE INFORMATION:

Important for Practitioner: Patients may use this prescription for either dried cannabis or cannabis oils, and to select whichever strain or ingestion method they prefer. Health Canada does not require you to provide strain guidance, or to specify ingestion method. However, you may provide optional guidance or mandatory restrictions for patients, which Tweed will enforce. If authorizing Tweed 10:1 Cannabis Oils (100ml bottles), dosage is still to be entered as total grams per day. 10ml of oil is equal to 1 gram of dried cannabis.

Daily Quantity *(grams/day)*:* GRAMS / DAY Diagnosis *(Optional)*:

Period of Use *(Please indicate the period of use in months up to, but not exceeding 12 months)*:** Months

MANDATORY IF CHECKED

If neither option is checked the default is that patients can order any combination of dried cannabis or cannabis oil.

Oil Only: ◯ Dried Only: ◯

ADDITIONAL GUIDANCE *(e.g. contains CBD, THC percentage etc.)* **:**

MANDATORY IF CHECKED ◯

CERTIFICATION BY HEALTHCARE PRACTITIONER: *I hereby certify that the information in this document is accurate and complete.*

Signature: Name *(Printed)*: Date:

INITIAL HERE IF YOU ARE SUBMITTING THE MEDICAL DOCUMENT TO TWEED BY FAX: ☐

I have chosen to submit the original Medical Document to Tweed via Tweed's secure fax ePortal. I acknowledge that the faxed medical document is now the original Medical Document and that I have retained a copy of this document for my records only.

FURTHER INFORMATION AVAILABLE TO HEALTHCARE PRACTITIONERS.

◯ Please follow-up with my office to schedule a brief information session on medical marijuana

◯ Please deliver materials for me to review

◯ Please send me login credentials to Tweed's Practitioners Portal

**According to Health Canada the average amount of marijuana consumed by patients for medical purposes is 1-3 grams per day. There is, however, no limit to the daily allowable amount that can be authorized.*

*** Please note that within any 30-day period, Tweed will not provide a total quantity of cannabis products that exceeds 30 times the daily authorized amount.*

Tweed

For More Information:
Tel: 855-558-9333
Email: info@tweed.com
www.tweed.com

Secure ePortal Fax Line:
888-977-2595

Your Medical Document.
Version: D02

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