



Tantalus Labs Medical Document

This document is to authorize access to cannabis for medical purposes. It must only be completed by a healthcare practitioner such as a family physician, specialist, or select nurse practitioners.

SUBMITTING ORIGINAL PAPER DOCUMENTS

This document can be submitted to Tantalus Labs in one of two ways:

1— We can accept this document by fax, with the declaration that it is the original copy, and providing that it is faxed from the Healthcare Practitioner's office.

Fax to: 1.855.309.7348

2— We can accept this document via mail, only if the original document is submitted.

Mail to: Tantalus Labs c/o Customer Care

PO Box 10

26915 River Road

Maple Ridge BC

V2W 1V0

LAB. **TANTALUS** LTD.

PO Box 10, 26915 River Road, Maple Ridge, BC Canada V2W 1V0

1.855.933.3842 | help@tantaluslabs.com | V2

MEDICAL DOCUMENT
PATIENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____
(YYYY/MM/DD)

HEALTHCARE PROVIDER INFORMATION

First Name: _____ Last Name: _____ Profession: _____

Licence #: _____ Province Authorized to Practice: _____

Office Address: _____ Address Line 2: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Location of Consultation *(only if different than office address)*: _____

AUTHORIZED DOSAGE OF DRIED MEDICAL CANNABIS

Daily Quantity *(grams per day)*: _____

Period of use is 12 months

If less than 12 months, please specify: _____

(Period of use must not exceed 12 months)

Patient Diagnosis (optional): _____

Additional Comments: _____

I hereby certify that the information in this document is correct and complete.

Signature of Health Care Practitioner:

Date: _____

(YYYY/MM/DD)

If you wish to submit by fax:

This medical document can be submitted from the health care practitioner's office to Tantalus Labs by secure fax to +1.855.309.7348. If you choose to submit the medical document by secure fax, initial the statement below to acknowledge agreement.

I, the health care practitioner, 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.

Initial Here: _____

Submit this form via Secure Fax Line to : 1.855.309.7348

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