**Physician’s Acknowledgement for Non-Ontario Residents**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I wish to be assessed by a physician while in Ontario to see if I am a qualified candidate for medical cannabis by way of telemedicine. I have informed the appointed physician that I am having this appointment in the province of Ontario.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that the Access to Cannabis for Medical Purposes Regulation (ACMPR) is a federal program and I have the right to access it if I am a qualified candidate.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also understand that I may refuse to sign this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Print Name ) Date

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(Patient Please Sign Here)