**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  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Patient Please Sign Here)