

The Vancouver Island Compassion Society

Box 130-2017A Cadboro Bay Rd.
Victoria, BC
V8R 5G4
(250) 360-8955

Physician's Statement:

I am currently treating _____ for the following condition(s):

I have discussed the medicinal benefits and risks associated with cannabis use as a treatment for this condition. If I was legally able to do so, I would consider prescribing cannabis for this condition.

Should my patient choose to use cannabis therapeutically, I will continue to monitor his/her condition and to provide advice on his/her progress.

Physician's signature: _____ Date: _____

Printed Name: _____

Physician's Address: _____

Physician's Phone #: _____