



Medical Document

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Health Care Practitioner Information and Consultation Address		
Given Name Mansimran	Surname Bhatti	
Profession GP	Fax 888-261-7116	Phone 647-350-6622
Business Address 121 Danforth Avenue		
City Toronto	Prov. ON	Postal M4K 1N2
Prov. of Registration ON	Registration N° 114068	

Patient Information		
Given Name SONJA	Surname GOESSERINGER	
Date of Birth (MM/DD/YYYY) 05/20/1954	HIN 9555804047 DV	
Address of consultation if different than above		
Address		
City	Prov.	Postal

Written Order	
Daily Quantity 1.5 (grams/day)	Maximum THC 20 (%)
Period of use (up to 1 year) 4 <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input checked="" type="checkbox"/> Months	
Additional notes	
Health Care Practitioner Full Name	
I, <u>Bhatti, Mansimran</u>	
attest that the information contained in this document is correct and complete.	
Practitioner Signature	Date 2019-09-17 (YYYY-MM-DD)