

Medi-Cure Bio Ergonomics Practitioners Statement Form N-01



FOR VALIDATION THIS FORM MUST BE FILLED IN BY A STATE REGISTERED GP, SCANNED AND EMAILED FROM THE GP PRACTICE.

Patients Name: _____ AGE: _____ D.O.B _____ Gender _____

I am writing to confirm that Mr/Mrs/Miss/Ms _____

Contact Number: _____

Has been diagnosed with/suffering from:

And/or is presenting symptoms of:

This form allows this patient to access products identified by Medi-Cure Bio Ergonomics as clean, pure & safe having passed microbiological testing, heavy metals & potency.

I recommend cannabis to help my patient with their symptoms.

This patient has reported that their symptoms are helped by cannabis and therefore, on the basis of my knowledge, they should have access to it.

This patient has reported that their symptoms are helped by cannabis.

I do not recommend the use of cannabis in this instance for the reason/s stated below.

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Please Specify:

Medical: _____

Legal (Please explain): _____

Other (Please explain): _____

This patient is in a critical stage of their illness and requires immediate attention

GP Signature: _____

Print Name: _____

Date: _____

GP Phone number: _____

GP Address: _____

GP Practice Stamp:

Comments: _____

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Extra space for notes: