



North York Education Centre
920 Sheppard Avenue West, Unit 3
Toronto, Ontario M3H 0A2

T (416) 633-9994
F (416) 633-5868

Date: _____

Dear Dr. _____,

Thank you for referring your patient for a medical cannabis education session with GrowWise Health.

The College of Family Physicians of Canada recommends that each patient sign a written Treatment Agreement when beginning medical cannabis treatment. This Treatment Agreement outlines the patient's risks and responsibilities when using medical cannabis. The CFPC's medical cannabis guidance document, along with their sample Treatment Agreement, is available online at http://www.cfpc.ca/Dried_Cannabis_Prelim_Guidance/.

Attached please find a comprehensive Treatment Agreement for your review. As part of our education program, we can have your patient sign this Treatment Agreement at the beginning of their education session, and we will return the signed agreement to you for your records. If you would like us to present the attached Treatment Agreement to your patient on your behalf, please complete the section at the bottom of this page and return to us via fax or email. Alternatively, we encourage you to have your patient sign a Treatment Agreement and for you to retain this signed agreement in your records.

Please return via fax to (416) 633-5868 or email to info@growwisehealth.com.

I, Dr. _____, request that GrowWise Health have my patient(s) sign a medical cannabis Treatment Agreement on my behalf, and return to me via:

Fax: _____

Email: _____

Signature

Date