Medical Document Form

Phone: 1-833-713-CARE (2273)
Secure Fax: 1-877-226-5909
Email: care@zyus.com
www.zyus.ca

Section 1 – Healthcare Practitioner Information

Healthcare Practitioner's First Name _____ Healthcare Practitioner's Last Name _____

☐ Physician
☐ Nurse Practitioner

License Number (list all that apply) _____ Authorized Province(s) of Practice _____

Healthcare Practitioner Business Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____ Fax Number _____

Address of Consultation with Patient (Only applicable if different from above)

Address _____

City _____ Province _____ Postal Code _____

Optional: ☐ I (the Healthcare Practitioner) consent to receive cannabinoid products at my business address on behalf of this patient. **Initial here:** _____

Section 2 – Patient Information

Patient's First Name _____ Patient's Last Name _____

Date of Birth (MM/DD/YYYY) _____ Telephone _____ Email _____

Section 3 - Authorization

The patient may access the following: _____ **Grams/Day**

Authorized Period of Use:
(May not exceed 12 months) _____ **Months**

Note: Health Canada requires that the authorization be in grams/day on the medical document.

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Section 4 – Product Selection (Optional)

Low THC : High CBD	Balanced (THC:CBD)	High THC : Low CBD
☐ Zylem™ 1:20 Oil	☐ Zylem™ 10:10 Oil	☐ Zylem™ 20:1 Oil
☐ Zylem™ 1:20 Softgels	☐ Zylem™ 5:5 Softgels	
	☐ Tri-Layo™ 3:3 Topical	
	☐ Tri-Layo™ 5:5 Topical	

☐ **Access to any of ZYUS' formulations as indicated in Section 4**

The authorization amount is not necessarily the same as the prescribed dose.

Section 5 – Signature of Healthcare Practitioner

I (the Healthcare Practitioner) attest that the information in this document is correct and complete.

_____ _____

Signature Date (MM/DD/YYYY)

Please initial this section below if sending the medical document by Secure fax.

_____ **By initialing this box, I (the healthcare practitioner) acknowledge that the faxed/electronic document shall now be treated as the original medical document. I further acknowledge that I will retain a copy of the medical document for my records.**

Section 6 – How to Submit Medical Document

Option 1: Secure Fax	Option 2: Mail
1-877-226-5909	ZYUS Attention: Patient Care 407 Downey Road, Unit 204 Saskatoon, SK S7N 4L8