

Okanagan Compassion Club Society

Release of Information and Physician's Statement

I, _____, hereby request that Dr. _____

fax the following medical information to the Okanagan Compassion Club Society.

Signature: _____

Date: _____

Physician Name: _____

Address: _____

Phone / Fax: _____

Patients Name: _____

I am currently treating the patient named above 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 my patient's condition and to provide advice on his/her progress.

Physician Signature: _____

Date: _____

Physician Stamp:

#22 - 2475 Dobbin Road, Suite 243 Westbank, BC V4T 2E9

The Okanagan Compassion Club is set up to help those people who are suffering from physical and or mental conditions for which medical marijuana is a viable treatment. We will sell medical marijuana at the lowest price possible to those who need marijuana for medical purposes.