

Date: _____

"My name is Dr. _____ and _____ is my patient.

This letter confirms that the daily dosage set out in the enclosed application/renewal is TWENTY (20) grams per day [change as needed, but be sure it is BOTH numeric and spelled out].

I am aware that Health Canada suggests that most medical marijuana users average between 1 - 3 grams per day, and I am aware that Health Canada publishes a document called "Information for Health Care Professionals" on its website. Please do not delay the processing of _____'s application/renewal for any reason as any delay could adversely affect _____'s health.

Health Canada is of course free to contact me to discuss this matter. I am, however, quite busy and may not be able to timely return the call. Also, I do not have permission to share any patient information with Health Canada and _____'s application/renewal should not be delayed for any reason, including any desire by Health Canada to contact me.

Thank You,

SIGNATURE of DOCTOR"