

# Patient Registration Application

NEW Patient  RENEWING Patient

## Patient Information

Given Name(s)	Last Name	Gender
Date of Birth D D M M Y Y Y Y	Email	Phone

## Coverage Information

If your benefit plan includes medical cannabis please indicate your policy number or K number	Are you a Canadian Veteran? Y / N	Policy Number or K Number	Name of Policy Provider
By indicating your K number or policy number, you give permission to Heritage to share your details with Veterans Affairs Canada and/or your insurance provider			

## Address Information

Residing Address	Address Line 1	Address Line 2	
City	Province	Postal Code	
Mailing Address <input type="checkbox"/> same as residing address	Address Line 1	Address Line 2	
City	Province	Postal Code	
Shipping Address	<input type="checkbox"/> Residing Address	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Healthcare Practitioner

## Caregiver Information N/A

Given Name(s)	Last Name	Date of Birth D D M M Y Y Y Y
---------------	-----------	----------------------------------

## Terms & Conditions

By signing below, the applicant or person responsible for the applicant, confirms and agrees to the following:

- (i) the applicant ordinarily resides in Canada,
- (ii) the information in the application is correct and complete,
- (iii) the medical document that forms the basis for the application has not, to the knowledge of the individual signing the statement, been altered,
- (iv) the medical document is not being used to seek or obtain cannabis products from another source,
- (v) in the case where the applicant is signing the statement, they intend to use any cannabis product that is supplied to them on the basis of the application only for their own medical purposes, and
- (vi) in the case where an adult who is named under the above section "Caregiver Information" is signing the statement, they are responsible for the applicant.
- (vii) The indications, safety and risks of dried marijuana use have not been adequately studied and the appropriate dosage is unclear. Patient and caregiver (if applicable) acknowledge(s) that any medical cannabis product obtained from Heritage is done so at their own risk and release(s) Heritage, along with its affiliates, partners, providers, directors, officers and employees from any and all actions, claims, complaints, and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis products.
- (viii) Patient and caregiver (if applicable) consent to Heritage's collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the Access to Cannabis for Medical Purposes Regulations (including disclosure of personal information to provincial licensing authorities upon request), and otherwise in accordance with Heritage's Privacy Policy.
- (ix) By signing this registration form, patient and caregiver (if applicable) allow Heritage to (a) send product and registration information to the physical and email addresses provided therein, and (b) communicate with them via email regarding registration status, product availability, order status, and other matters in accordance with Heritage's Privacy Policy

Signature	Date D D M M Y Y Y Y
-----------	-------------------------