



MEDICAL DOCUMENT - To be completed by a Health Care Practitioner

Mail/Fax to: Entourage Brands Corp.
P.O. Box 69
Bowmanville, Ontario
L1C 3K8

T: 1-888-733-7963
S-Fax: 1-844-222-8862

info@syndicatecannabis.com
www.syndicatecannabis.com

SECTION 1: Patient Information

Information must match information on patient registration form.

First Name:

Last Name:

Date of Birth (MMM/DD/YYYY):

Email:

Phone #:

Male: Female: Other:

Caregiver required?*

Yes

No

* A caregiver is a responsible individual for the applicant who is able to complete documents on their behalf. If yes, please complete 'Section 7: Caregiver Information' on the Registration Application.

SECTION 2: Health Care Practitioner Information

Please print clearly in full (no abbreviations).

Title:

First Name:

Last Name:

Profession:

License #:

License Province:

Health Care Practitioner's
business address

or

Full business address of the location
at which the patient consulted the
health care practitioner (if different)

NOTE: STAMP OR STICKER IS ACCEPTABLE HERE

Phone #:

Extension:

Email:

SECTION 3: Prescription

Quantity (grams per day):

Duration - # of days, weeks, and/or months (365 days max):

Diagnosis:

THC limitation (% or mg/mL):

Additional notes:

Section 3: Prescription Continued on Following Page.



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SECTION 3: Prescription Cont.

Dried Cannabis:

Type	Description	THC %	CBD %
Star 1	CBD-dominant	< 2.0	≥ 7.0
Star 2	1:1 THC:CBD	≥ 2.0 - ≤ 12.0	≥ 2.0 - ≤ 20.0
Star 3	THC-dominant	≥ 9.0 - ≤ 28.0	< 2.0

Cannabis Extract - Inhalation:

Type	Description	THC mg/g	CBD mg/g
Star 1	CBD-dominant	< 30	700 - 900
Star 2	1:1 THC:CBD	300 - 500	300 - 500
Star 3	THC-dominant	> 550 - 900	< 10

Cannabis Extract - Ingestion:

Type	Description	THC mg/mL	CBD mg/mL
Star 1	High CBD	≤ 2.8	≥ 17.0
Star 2	1:1 THC:CBD	≥ 8.0 - ≤ 17.0	≥ 8.0 - ≤ 17.0
Star 3	High THC	> 17.0 - ≤ 28.0	≤ 2.0
Prime CBD	High CBD	≤ 2.8	≥ 34.0
Prime 1:1	1:1 THC:CBD	≥ 20.0 - ≤ 28.0	≥ 20.0 - ≤ 28.0
Prime THC	High THC	> 28.0 - ≤ 30.0	≤ 4.0

Cannabis Topicals:

Product	Description	THC mg/unit	CBD mg/unit
Topicals CBD	High CBD	< 20	200
Topicals 1:1	1:1 THC:CBD	100	100
CBD Patch	High CBD	4	20
Balanced Patch	1:1 THC:CBD	10	10
THC Sativa Patch	High THC	20	4
THC Indica Patch	High THC	20	4

Edibles - Ingestion:

Product	Description	THC mg/unit	CBD mg/unit
CBD Soft Chews	High CBD	< 1	20
Balanced Soft Chews	1:1 THC:CBD	5	5
THC Soft Chews	High THC	5	< 1

Health Care Practitioner Signature:

Date Signed (MMM/DD/YYYY):

Attest that the information contained herein is correct & complete

PLEASE INITIAL HERE IF
SUBMITTING THIS DOCUMENT
TO ENTOURAGE BY FAX



I have chosen to submit the original Medical Document to Entourage Brands Corp. via Entourage Brands Corp. secure fax.I acknowledge that the faxed medical document is now the original medical document and that I have retained a copy of this document for my records.