



THE ALWAYS GROWING GREEN SOCIETY
11696 224th Street
Maple Ridge, BC V2X 6A2
Phone: 604-477-0557
Fax: 604-477-0575
Taggs420@live.com
<http://www.taggsdispensary.ca>

PRACTITIONER'S STATEMENT

For validation this form must be filled in by an MD, ND, or DR. TCM, and faxed from the practitioner's office to T.A.G.G.S. Dispensary.

Patient's name: _____

Date of Birth: _____

I am willing to confirm that Mr./Mrs./Ms _____

at phone number (_____) _____ has been diagnosed with _____

and is presenting symptoms of _____

- I recommend cannabis to help my patient with her/his symptoms.
- This patient has reported that her/his symptoms are helped by cannabis and therefore, on the basis of my knowledge, s/he should have access to it.
- This patient has reported that her/his symptoms are helped by cannabis.

- I do not recommend the use of cannabis for the reasons stated below:
 - Medical: Please specify
 - Legal: Please explain
 - Other: please explain

This patient is in a critical stage of their illness or treatment and requires immediate attention.

PRACTITIONER'S SIGNATURE: _____

PRINTED NAME: _____

DATE SIGNED: _____

PRACTITIONER'S PHONE: _____

PRACTITIONER'S ADDRESS: _____

PRACTITIONER'S STAMP/LICENSE