



# College of Physicians and Surgeons of Saskatchewan



## PATIENT TREATMENT AGREEMENT – MEDICAL CANNABIS

I \_\_\_\_\_ understand that I will be receiving a medical document from Dr. \_\_\_\_\_ which will authorize me to purchase cannabis (marihuana, marijuana) for a medical purpose.

I agree to the following:

- a) I will not seek to obtain a medical document to authorize me to purchase cannabis from any other physician during the period for which the cannabis is authorized;
- b) I will utilize the cannabis as authorized in the medical document and I will not use the cannabis in larger amounts or more frequently than is authorized in the document;
- c) I will not give or sell the prescribed cannabis to anyone else, including family members;
- d) I will store the cannabis in a safe place;
- e) I understand that if I break any of these conditions, Dr. \_\_\_\_\_ may refuse to provide any future medical authorization to purchase cannabis.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date