

PRACTITIONERS

53. (1) No practitioner shall administer a narcotic to a person or animal, or prescribe, sell or provide a narcotic for a person or animal, except as authorized under this section, the Marihuana Medical Access Regulations or the Marihuana for Medical Purposes Regulations.

(2) Subject to subsections (3) and (4), a practitioner may administer a narcotic other than dried marihuana to a person or animal, or prescribe, sell or provide it for a person or animal, if

(a) the person or animal is a patient under their professional treatment; and

(b) the narcotic is required for the condition for which the person or animal is receiving treatment.

(3) No practitioner shall administer methadone to a person or animal, or prescribe, sell or provide methadone for a person or animal, unless the practitioner is exempted under section 56 of the Act with respect to methadone.

(4) [Repealed, SOR/2013-172, s. 7]

(5) A health care practitioner may administer dried marihuana to a person or prescribe or transfer it for a person if

(a) the person is a patient under their professional treatment; and

(b) the dried marihuana is required for the condition for which the person is receiving treatment.

SOR/85-930, s. 7; SOR/99-124, s. 6; SOR/2001-227, s. 71; SOR/2004-237, s. 20; SOR/2012-230, s. 22;
SOR/2013-119, s. 217; SOR/2013-172, s. 7.



MARTIN MEDICAL SERVICES
MEDICAL MARIJUANA DISPENSARY
CANNABIS OIL EXTRACTORS

Under Reg 53 of the Narcotics Control Act
MARTIN MEDICAL SERVICES - REGISTERED MARIJUANA DISPENSARY
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Marihuana for Medical Purposes

Regulations

This document may be completed by the applicant's authorized health care practitioner as defined in the Marihuana for Medical Purposes Regulations. An authorized health care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing dried marihuana for medical purposes is permitted under their scope of practice. If another document is used, it must contain all of the information below.

Patient's Given Name and Surname _____

Patient's Date of Birth (DD/MM/YYYY) _____

Daily quantity of dried marihuana to be used by the patient: _____ g/day

Health care practitioner's given name and surname: _____

Profession: _____

Health care practitioner's business address: _____

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

Phone Number: _____

Fax Number (if applicable): _____

Email Address (if applicable): _____

Province(s) Authorized to Practice in: _____

Health Care Practitioner's Licence number: _____

By signing this document, the health care practitioner is attesting that the information contained in this document is correct and complete.

Health Care Practitioner's Signature: _____

Date Signed (DD/MM/YYYY): _____