



# MedMe

Canada's Medical Marihuana Provider

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MedMe clients must be authorized by the Marihuana Medical Access Regulation (MMAR) card program. The MMAR card program is a Health Canada program designed to grant legal access and ability to possess dried marihuana for medical purposes.

The following steps will help you to fill out all the necessary forms for authorization to possess marihuana for medical purposes.

Please check all forms to make sure you have completed your sections correctly before sending the envelope to Health Canada. Forms that are incomplete will delay the approval process.

Generally it takes between 2 - 3 months for Health Canada to approve your application and send out your license. Health Canada will send your license via Canada Post. Once you have received your card please follow the instructions below in order to set up an account with MedMe Services.

If you have any questions or need additional information please call **1 866 823 6521** or email us at [admin@medme.ca](mailto:admin@medme.ca)

## STEPS:

- 1. Make an appointment with your doctor.** He or she will need to fill out Form B1, or B2, and sign your passport photos.
- 2. Get passport photos taken ( 2 )** you will need these for form A1. Your doctor will have to sign the back of the photograph indicating that this is a true likeness of you.

3. Complete the **Release Form for Medical Practitioners** (This form is not mandatory and can be left with your doctor for his/her records - Health Canada should not be sent this form)

You should fill out this form before your appointment. (This form was written by The Canadian Medical Protective Association, and in 2005 they issued this form to all the doctors in Canada for this purpose) Your Canadian medical practitioner is released of responsibility for the prescription of medical marijuana once they receive this document filled in correctly.

- Print your name as the applicant
- Print the name of the doctor(s) that will be signing the Health Canada B1/B2 form
- Sign and date the document
- Get a witness to sign stating that they saw you the applicant sign the form, then write the date beside the signature
- Take this completed form with you to your appointment with your doctor

4. Complete Health Canada Forms **A, B1 or B2, and E1 (OR for growers - C, E2 & F)**

### **Health Canada Form A**

#### ***Application for Authorization to Possess Marijuana for Medical Purposes***

##### ***A1 Cover Page***

- Check the first box if it is your first time applying for a card.
- Check the second box for any other circumstance.

##### ***A1 Applicants information***

- Indicate whether you use Mrs., Miss, Ms, or Mr.
- Print your full name: last, first, middle
- Put in your correct birth date: day, month, and year. (eg: 07 January 1945)
- Print your complete address starting with your house number, street/avenue if you have an apartment number, fill it in, if not leave it blank.
- Put in your city, province and postal code
- Put a line through the next two lines (lot and concession number)
- Put a check to indicate this is a private residence in the box provided

##### ***A2 Photograph of Applicant***

- Mark a check in the box indicating you have enclosed two copies of a current photograph that clearly identifies you
- Mark a check in the box indicating one of these has been signed by the medical practitioner signing the medical declaration who certifies that it is a true likeness of you

##### ***A3 Appointed Representative***

- You can choose to have an appointed representative, or you can leave this section blank.

##### ***A4 Proposed Source of Marijuana***

- Mark a check in the box indicating that you plan to purchase your medication from Health Canada. (This is due to the fact that Health Canada has not updated the guidelines which would allow you to purchase from a 3rd party company - We have been assured by Health Canada that they will have the reform completed within 3 years and the forms will be updated at that time). You will then need to complete an E1 form.  
\* If you are interested in obtaining a license to grow for yourself, please tick that box instead and complete forms C, E2 and F if you are not the owner of your home. .

#### ***A5 Authority to Communicate to Canadian Police***

- There is nothing to complete in this section

#### ***A6 Declarations and Signature***

- You will need to sign your name in full, print today's date
- Print your full name

### **Health Canada Form B1**

#### ***Medical Practitioner's Form for Category 1 Applicants***

##### ***B1-1 Information on Medical Practitioner***

- Your doctor will fill in the top part of this form

##### ***B1-2 Medical Condition and Symptoms***

- Print your name, birth date and telephone number
- Your doctor will fill in the rest of this section

##### ***B1-3 Proposed Daily Amount***

- This will be filled in by your doctor

##### ***B1-4 Duration***

- This will be filled in by your doctor

##### ***B1-5 Medical Practitioner's Declaration and Signature***

- This will be filled in by your doctor

### **Health Canada Form B2**

#### ***Medical Practitioner's Form for Category 2 Applicants***

##### ***B2-1 Information on Medical Practitioner***

- Your doctor will fill in the top part of this form

##### ***B2-2 Medical Condition and Symptoms***

- Print your name, birth date and telephone number
- Your doctor will fill in the rest of the information

**B2-3 Proposed Daily Amount**

- This will be filled in by your doctor

**B2-4 Duration**

- This will be filled in by your doctor

**B2-5 Medical Practitioners Declaration and Signature**

- This will be filled in by your doctor

**Health Canada Form E1*****Application to Obtain Dried Marihuana*****E1 Cover Page**

- Check the first box indicating that you are applying for MMAR authorization.

**E1 - 1 Applicant's Information**

- Indicate whether you are Mrs., Miss, Ms, or Mr. by checking the correct square
- Print your correct birth date: day, month, and year (example 07 January 1945)
- Print your complete address starting with your house number, & street/avenue (If you have an apartment number, fill it in, if not leave it blank. Next put your city, province, and postal code)
- Print your home phone number, fax, and email address

**E1 - 3 Delivery Instructions**

- If you want to have product shipped to your address, put a check in the first box
- If you would prefer to have your doctor receive the medication, put a check in the second box (you will need to provide the doctor's address)

**E1 - 4 Declaration and Signature**

- You will need to sign your name in full, print today's date.
- Print your full name.

**Checklist for Marihuana Medical Access Regulations(MMAR) Application:**

- Health Canada Form A  
*Application for Authorization to Possess Marihuana for Medical Purposes*
- Passport photos signed by your medical practitioner
- Health Canada Form B1  
*Medical Practitioner's Form for Category 1 Applicants*
- OR**
- Health Canada Form B2  
*Medical Practitioner's Form for Category 2 Applicants*
- Health Canada Form E1  
*Application to Obtain Dried Marihuana*
- MAKE A COPY OF ALL THESE DOCUMENTS FOR YOUR RECORDS**
- MAIL FORMS TO : *Medical Marihuana Access Division, Drug Strategy and Controlled Substances Program, Health Canada, 3503B, Ottawa Ontario, K1A1B9***

**\*\*\* PLEASE KEEP THE PRE-ADDRESSED ENVELOPE, THE MEDME PURCHASING CONTRACT AND THE D FORM ASIDE. YOU WILL NEED THESE ONCE YOU RECEIVE YOUR MMAR CARD FROM HEALTH CANADA \*\*\***

**Once you have received your MMAR Card from Health Canada please refer back to this section.**

You are now legally allowed to possess Medical Marihuana. In order to set up an account with MedMe Services please follow these steps:

- Make a copy of your MMAR card
- Fill out a MedMe Purchasing Contract - ( Signing this contract does not obligate you to purchase product from us)
- Fill out The Health Canada D form - This form is necessary for us to legally supply you with Medical Marihuana. It will be sent to Health Canada should they request it from us.

STEPS FOR FILLING OUT THE D FORM

**Health Canada Form D**

***Application for License to Produce Marihuana by a Designated Person***

***D1 Applicant's Information***

- Indicate whether you are Mrs., Miss, Ms, or Mr. by checking the correct square.
- Print your full name: first, middle and last
- Put your correct birth date: day, month, and year. (Example: 07 January 1945)
- Print your complete address starting with your house number, street/avenue. If you have an apartment number, fill it in, if not leave it blank
- Put your city, province and postal code
- Put a line through the next two lines (lot number and concession number)
- Fill out your telephone and fax numbers, as well as your email address (if you have them)
- If you have or have ever had an MMAR card previously, then fill in your MMAR card number (if not, leave the box blank)

**D2, D3, D4, D5, D6 & D7**

- **MedMe will complete these sections for you.**

**D8 Part A-*Applicant's Declaration And Signature***

- Sign your name in full, print today's date and print your full name.

**D8 Part B - *Designated Person's Declaration and Signature***

- **MedMe will complete this section for you.**

**You're almost done!!!**

**Please send your contract, The D form and a copy of your MMAR card to us by mail. (You can use the pre-address envelope you were sent if you've received this info-pak by mail)**

**MedMe Services  
Suite 159 – 1581 H Hillside Ave.  
Victoria BC  
V8T 2C1**

We look forward to many years of serving you with the best quality of marihuana for your medical needs at the best price possible.

Thank you very much,

Ian Layfield  
Vice President  
MedMe Services  
1 866 823 6521  
admin@medme.ca