

**CODE OF CONDUCT:**

**VIOLATION OF THESE CODES OF CONDUCT WILL RESULT IN A TEMPORARY OR PERMANENT SUSPENSION OF SERVICES.**

**NO RESELLING. NO SHARING.** We provide medicinal cannabis for you only. Any reselling or sharing of your medicine is forbidden. If you are caught reselling any products purchased from 99 North you will be permanently banned from receiving services.

**BE POLITE.** We are doing our best to provide a service to our clients. Please treat the staff and other members of 99 North with politeness and respect.

**BE RESPONSIBLE.** Please use your medicine in a respectful and responsible way. Please do not smoke cannabis on the street or by our front door. Do not drive or operate heavy machinery if you are impaired by cannabis.

**KEEP US INFORMED.** Please let us know about any quality issues you have with our products. Good or bad, please let us know what works and what doesn't work.

**DO NOT TRANSPORT ANY CANNABIS OUT OF CANADA.**

**CAUTIONS:**

**IMPAIRMENT:**

Cannabis may potentially cause a temporary decrease in coordination and cognitive abilities, and short-term memory loss while medicated. Do not drive or operate heavy machinery if impaired by cannabis products. Be especially careful of impairment when eating cannabis products or using extracts. Do not eat cannabis products before swimming or driving.

**ALCOHOL:**

Cannabis mixed with alcohol may cause vomiting and nausea. We recommend limiting or stopping your intake of alcohol when using cannabis products.

**IRRITATION:**

Heavy smoking with no harm reduction techniques may lead to respiratory irritation.

**BLOOD PRESSURE:**

Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety. Those receiving digitalis or other cardiac medications should use cannabis under careful supervision by a medical doctor.

**WITHDRAWAL:**

There are no significant withdrawal effects when cannabis use is ceased or decreased, however minor restlessness, nausea, and fatigue may be experienced. Symptom relief will also cease or be decreased.

**THE LAW:** It is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.

**I accept that 99 North makes no guarantees or medical claims, and I hereby agree for myself, my heirs and executors to waive any claims against 99 North and its employees.**

**I have read this form and agree to abide by the code of conduct and cautions listed above.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**99 North reserves the right to terminate membership at any time**



37768 2<sup>nd</sup> Ave. BOX 1312 Squamish BC V8B 0A9  
Membership enquiries: [info@99northdispensary.com](mailto:info@99northdispensary.com)  
[Tel:604.892.9699](tel:604.892.9699) Fax: 604.892.0399  
99northdispensary.com

**FOR VALIDATION THIS FORM MUST BE FILLED IN BY A MD, ND, OR DR. TCM, AND FAXED FROM THE PRACTITIONER'S OFFICE TO 99 NORTH AT 604-892-0399**

FIRST

LAST

DATE OF BIRTH (d/m/y)

Patient's name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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#**



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APPLICATION FOR REGISTRATION

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone number(s) \_\_\_\_\_  
Date of birth \_\_\_\_\_ Email \_\_\_\_\_  
MMAR # (if applicable) \_\_\_\_\_  
Medical condition(s) and symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

OPTIONAL:

Are you presently taking any prescription pharmaceuticals? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered "yes", please list your drug regimen as well as any side effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been using cannabis? \_\_\_\_\_  
How long have you been using cannabis as a medicine? \_\_\_\_\_  
How does cannabis affect your symptoms? \_\_\_\_\_  
How much/how often do you use cannabis? \_\_\_\_\_  
How did you hear about 99 North Dispensary? \_\_\_\_\_

I hereby declare that the information stated above is factual:

APPLICANT'S SIGNATURE: \_\_\_\_\_  
DATE SIGNED: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

All Dispensary members who provide an email address will receive 99 North's newsletter. If you do not wish to receive these emails please check this box. [ ]

**\*99 NORTH MEDICAL CANNABIS DISPENSARY RESERVES THE RIGHT TO LIMIT THE AMOUNT OF MEDICATION**