



Mailing address: 880 EAST HASTINGS, VANCOUVER BC V6A 1R6
All memberships enquiries: Membership@CannabisDispensary.ca 604-255-1844
TEL: 604-255-1844 FAX: 604-255-1845
www.CannabisDispensary.ca
Retail locations: 880 E Hastings St, Vancouver BC - 1182 Thurlow St, Vancouver BC
Canada-wide mail order service!

Dear Health Care Practitioner,

Your patient is requesting to receive services with the Vancouver Dispensary Society (VDS). The VDS has created safe and supportive access to clean, high quality, affordable cannabis for those in medical need.

In order to maintain the level of legitimacy expected from our organization, the VDS requires a confirmation of diagnosis and/or recommendation from a Physician, Naturopath or Doctor of Traditional Chinese Medicine as a condition of membership.

As part of our orientation to the VDS, members learn about the safe and effective use of cannabis and the variety of alternative delivery methods available to them, such as smokables, edibles and tinctures.

We have attached some legal and medical information for you to read. For more information on the use of cannabis for specific symptoms and conditions, please contact us or check <http://safeaccess.ca/research>.

In the Canadian Medical Association Journal (issue 161(8), pg. 1024 October 19, 1999), Dr. Morris Van Andel, then deputy registrar of the College of Physician's and Surgeons of BC, advises doctors to write a "confirmation" of a patient's medical condition rather than an illegal prescription. "I would say 'I am writing to confirm that Mr. Smith is HIV positive and that he has indicated that his chronic pain is helped by marijuana and therefore should such a substance be available to him, that on the basis of my knowledge of him, he should be eligible for that type of help.'"

Please fill in the attached Practitioner's Statement and fax it to our office. If you feel uncomfortable recommending cannabis due to medical, legal, or other concerns, please indicate this in the space provided. If you only feel comfortable confirming your patient's diagnosis, you may do so on our form or fax us a confirmation of your patient's diagnosis with the date and your name and signature on your letterhead or a prescription pad.

We will call you to verify that the fax did indeed come from your office.

For more information, please contact us at 604-255-1844, or by email at membership@CannabisDispensary.ca

Respectfully,

The Vancouver Dispensary Society

Effective Use of Medicinal Cannabis

Cannabis Indica

Indica plants are normally shorter and stockier plants, reaching 1-2 metres in height with wide deeply serrated leaves and a compact and dense flower cluster. The effects of Indicas are predominantly physical although the relief of certain physical symptoms can have an emotional result as well. These effects can be characterized as relaxing, sedating, and pain-reducing. Indicas are generally best for later in the day and before bed.

some benefits:

- Reduces pain
- Relaxes muscles
- Relieves spasms
- Reduces inflammation
- Aids sleep
- Reduces anxiety and stress
- Reduces nausea
- Stimulates appetite
- Relieves headaches and migraines
- Reduces intra-ocular pressure
- Anti-convulsant
- Reduces seizure frequency
- Expectorant

Strain Crosses

Indica x Sativa ~ Sativa x Indica

Hybrids are the result of cross-pollination of various strains. The characteristics, and hence the effects, of one strain will usually be dominant. For example, Indica-dominant crosses are good for pain relief, with the Sativa component helping with energy and activity levels. Sativa-dominant crosses are good for stimulating appetite, with the Indica component helping to reduce body pain and increase relaxation.

Cannabis Sativa

Generally, the Sativa plant is the taller and lankier variety, reaching heights of over 5-6 metres. It is characterized by narrow serrated leaves and loose spear-like flower clusters that can be extremely resinous. Primarily, the effects of Sativas are on the mind and emotions. In this regard they tend to be more stimulating, uplifting, energizing and creativity enhancing. These benefits can be particularly helpful for the psychological component of many illnesses. Sativas are generally better for daytime.

some benefits:

- Reduces depression
- Relieves headaches and migraines
- Energizes and stimulates
- Reduces awareness of pain
- Increases focus and creativity
- Reduces nausea
- Stimulates appetite
- Supports immune system
- Expectorant

Strain Selection & Dosage

The efficacy of cannabis is directly related to strain selection, therefore we recommend care be taken in selecting appropriate strains to meet your needs. Potency varies with strains. In terms of dosage, the ideal is to smoke as little as possible in order to reduce costs and respiratory irritation. You will need to smoke less of a high-potency cannabis to reach the desired effect.

If you find yourself needing to smoke greater quantities or more often in order to achieve the desired effect, reduce or stop intake for a time. Changing the variety of cannabis normally used will also help you to return to a minimized effective dosage level.

NOTE: Ask us for advice on strain selection.



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FOR VALIDATION THIS FORM MUST BE FILLED IN BY AN MD, ND, OR DR. TCM, AND FAXED FROM THE PRACTITIONER'S OFFICE TO THE VANCOUVER DISPENSARY SOCIETY AT 604-255-1845

Patient's name: _____
FIRST LAST DATE OF BIRTH
d m y

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#