

Supplementary Forms



You only need one of the following forms if someone will be receiving medical cannabis on your behalf or if you are applying for VAC insurance coverage.

Please complete the form that applies in your case and include it with your Application and Medical Document when you send in your registration envelope.

Health Care Practitioner Information

Use this form if a health care practitioner will be receiving your medical cannabis. There is a section they must fill out and sign as well.

Caregiver Information

Use this form if your caregiver applying on behalf of a patient.

Social Services Information

Use this form if you are without a residence and receive social services from a shelter, hostel or similar institution, located in Canada.

Veterans Affairs Canada

Use this form if you are applying for insurance coverage from Veterans Affairs Canada.

Having problems? A Tilray customer service representative is waiting to help you with any questions you may have. Please call us at **1-844-TILRAY1 (845-7291)**. We look forward to speaking with you.



Health Care Practitioner Information

Must be completed by Health Care Practitioner who provided the medical document if they consent to receiving dried marihuana on behalf of the patient.

Health Care Practitioner's Title / Name

Title

Given Name

Surname

Shipping Address

Where you would like your product to arrive, if different from business address or consultation address provided on medical document.

- Same as Business Address provided on medical document
 Same as Consultation Address provided on medical document
 Other, please provide below:

Address

City

Province

Postal Code

I,

Health Care Practitioner's Name

consent to receive dried marihuana on behalf of

Patient's Name

Signature

Signature of Health Care Practitioner

Year

Month

Day

Notice to the Health Care Practitioner:

Withdrawal of consent by the Health Care Practitioner:

If the health care practitioner ceases to consent and receive dried marihuana for the patient, the practitioner must send a written notice to that effect to the patient and the licensed producer.

Caregiver Information

Caregivers **must** fill out this section.

Caregiver Name

Given Name

Surname

Date of Birth

Year

Month

Day

Gender

Male

Female

Contact Information

Telephone

Email address (Required for Online Shopping with Tilray)

I,

Name of Individual or Caregiver Responsible

am responsible for

Patient's Name

Signature

Signature of Individual Responsible for Patient

Year

Month

Day

Social Services Information

To be completed if patient does not have a permanent address and receives social services from a shelter, hostel or similar institution located in Canada.

Social Services Establishment	<input type="text"/>	<input type="text"/>
	Name of Social Services Establishment	Type of Social Services Establishment
Manager's Name	<input type="text"/>	<input type="text"/>
	Given Name	Surname
Physical Address	<input type="text"/>	
	Address	
	<input type="text"/>	<input type="text"/>
	City	Province
	<input type="text"/>	<input type="text"/>
	Postal Code	
Phone / Fax	<input type="text"/>	<input type="text"/>
	Telephone	Fax (If Applicable)
Email	<input type="text"/>	
	If Applicable	

Mailing Address Same as Physical Address

Where you receive correspondence, if different from physical address

<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code

I,	<input type="text"/>	attest that	<input type="text"/>
	Manager's Name		Social Services Establishment Name
	provides food, lodging, or other social services to		<input type="text"/>
			Name of Patient
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of Manager	Year	Month Day

Veterans Affairs Canada

We just need a bit more information to properly submit your request for authorization.

For veteran patients: Would you like Tilray to seek approval from Veterans Affairs Canada (VAC) for Medical Marihuana reimbursement coverage on your behalf?

 Yes No

Has the patient registered as a VAC patient with another Licensed Producer?

 Yes No

Condition/Ailment

VAC requires Tilray to report the specific condition on which your coverage is based.

VAC K Number

Provide your VAC K number if you know it.

I have selected Tilray to seek approval from Veterans Affairs Canada (VAC) for reimbursement, and authorize them to send the VAC a complete copy of the application and to bill the VAC directly for the cost of the patient's medical cannabis.

IMPORTANT: Tilray does not guarantee VAC approval. Once your Tilray application is approved, and until VAC approves your account, you will be able to make purchases with your own credit card. Once VAC approves your account they will cover the costs of your medicinal cannabis, up to the amount covered. Products other than medicinal cannabis are not eligible for VAC reimbursement and you will be responsible for payment for such items.

Signature

Patient Signature

Year

Month

Day