FAX

Date:	01/25/2026
Pages including cover sheet:	3

To:	
Phone	
Fax Phone	*+19725329272*

From:	Greenleaf Medical Clinic
	Greenleaf Medical Clinic
	Suite 401 505-8840 210 St
	Langley
	BC V1M 2Y2
Phone	+19072684407X101
Fax Phone	+16043712044

NOTE:	

Greenleaf
MEDICAL CLINIC

Suite 401 505-8840 210
St
Langley, BC V1M 2Y2
T: 1-877-513-4769
F: 1-604-371-2044
E: info@greenleafmc.ca

November 26, 2025

Re: Medical Cannabis Assessment by a Greenleaf Medical Clinic Physician

Dear Testing Test,

You were recently scheduled a tele-health appointment at the Greenleaf Medical Clinic and will be assessed for the appropriateness of medical cannabis by a Greenleaf physician.

We have received notification from the Alberta College of Physicians and Surgeons regarding patient assessments by physicians that are not licensed in the province of Alberta and have been advised that the location of the patient is deemed the location of where the medical assessment took place. For this reason, we are advising patients that they can only be assessed by a Greenleaf physician if they are physically located in BC during their assessment.

We understand that this may be a challenge for some patients as they will have to travel to the closest BC/AB border to have their assessment. If you do not have a friend or family member that you can visit, we recommend a library or other quiet place. Please note that sitting in your vehicle is not appropriate and that your location should be a professional setting.

To ensure that you understand this policy, are in agreement and that you will bel in the province of BC for your assessment, please sign and date this letter and email it back to us so that we can continue with your appointment.

If you have any questions or require additional information, please contact Greenleaf toll free at 1-877-513-4769.

Patient grams per day for x months: [-PATIENT_GRAMS_PER_DAY_FOR_X_MONTHS-]

PATIENT_PSYCIATRIC_HISTORY_DOESNT_HAVE:

- Does NOT have UNCONTROLLED Mania, Schizophrenia, or Depression

PATIENT_PSYCIATRIC_HISTORY_HAS:

- Does HAVE use of sedatives/psychoactive drugs, suicidal tendencies, a history of substance abuse such as: alcohol, heroin, cocaine, LSD, marijuana, ecstasy, GHB, and prescription drug abuse (narcotics or Benzo)

AUTHORIZED_USE_HTML: X grams / day for Y month(s)

Respectfully,

Fonda Betts, Clinic Director and Cannabis Educator

Patient Name: _____

Greenleaf
MEDICAL CLINIC

Patient Signature: _____

Date: _____-