



Plants Not Pills

Natural Pain Relief Begins Here. Change is Easy.

Please complete the fields below and submit this form to us. One of our friendly staff will get back to you shortly with information on how to start accessing safe and effective medical marijuana. All your information is kept strictly confidential.

First and Last Name: _____

City and Province: _____

Telephone: _____

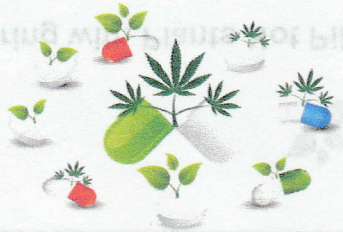
Email: _____

Preferred Method of Contact (please circle): Phone Email

Do you currently medicate with Cannabis? Yes No

Do you have a documented medical condition? Yes No

Are you a Veteran of the Canadian Forces? Yes No



For more information, visit
www.plantsnotpills.ca

KV