

PATIENT REGISTRATION AMENDMENT FORM **Medisenol**[®]

Licensed under the Cannabis Act by HydRx Farms Ltd.

Instructions: Please only complete the sections of the form that have changed since you registered with Medisenol and complete and sign section 4 on page 2.

1. Applicant Information

Client ID	First name	Last name
Male	Female	Prefer not to disclose
Phone	Email (used to grant you access to the online store)	Date of birth (dd/mm/yy)
Mailing Address	Unit Number	City
	Province	Postal Code

2. Shipping Address

Please check one.

Shipping address is the same mailing address in section 1.

Shipping address is different from the mailing address in section 1. Please fill out shipping address below.

Shipping Address	Unit Number	City
	Province	Postal Code

3. Responsible Individual Information (if applicable)

Only complete this section if you are an Individual Responsible for the Applicant and applying on their behalf. A Responsible Individual may act on behalf of the registered client. They may make inquiries, changes, and orders on behalf of the client.

First name	Last name	
Date of birth	Phone	
	Email	
Male	Female	Prefer not to disclose

The undersigned attests that he/she is the Responsible Individual for the Applicant.

Responsible Individual Signature	Date (dd/mm/yy)
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For More Information c/o HydRx Farms Ltd.
209 Dundas St.E., PO Box 31
Whitby, ON, Canada L1N 5R7

1-844-493-7922
customer@medisenol.com
medisenol.com

Secure Fax Line
(866) 775-7552

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4. Authorization of Applicant or Responsible Individual

Please sign below to certify that you understand and agree to the following:

1. the applicant ordinarily resides in Canada.
2. the information in the application is correct and complete.
3. all of the authorization conditions from the original Patient Registration Form will continue to be applicable with this Patient Registration Amendment Form.

By checking this box you agree that you have read, acknowledged, understood, and formally agree to the statements above and that the applicant information provided is accurate and complete.

Signature

Full Name

Date (dd/mm/yy)

Once completed, this Registration Form may be submitted to Medisenol (HydRx Farms Ltd.) in one of the following ways:

Mailing Address

209 Dundas St.E., PO Box 31,
Whitby, ON, Canada L1N 5R7

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This application can only be processed once we receive your original Medical Document from your Health Care Provider.



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