

Aphria Registration Walkthrough

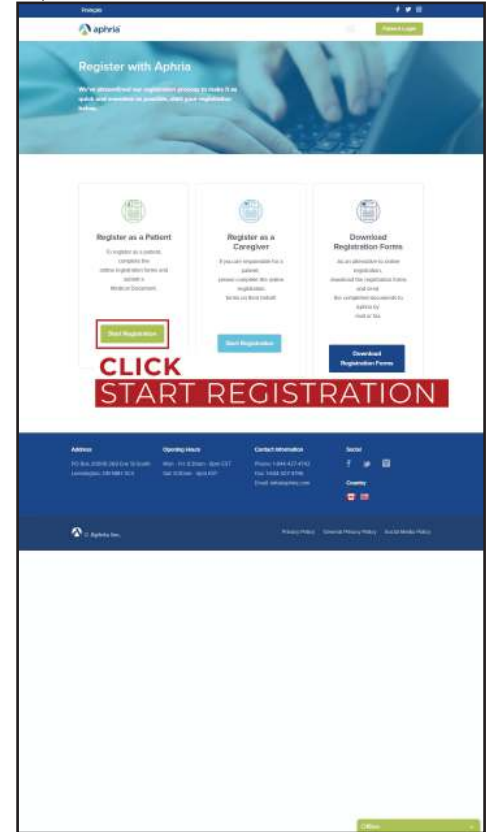
Step 1



Step 2



Step 3



Step 4

apphiv

Consent Form

Please read the following statements carefully

- You authorize access to Canada.
- The information in this application and the accompanying Medical Document to consent and complete.
- Your Medical Document is not being used to seek or obtain third-party medical or financial services.
- The use of third-party services and products will be your own medical expense only.
- The original medical document is provided in support of the application.

Medical healthcare is not currently approved for use as a pharmaceutical drug in Canada. You are using medical products obtained from apphiv or your own stock. The brand name apphiv and its related entities from you and all phone, online, computer, demands for diagnosis, related services, and/or apphiv selling directly and indirectly from the use of medical healthcare obtained from apphiv.

By clicking continue you agree to **CLICK CONTINUE** I hereby agree to the

Continue Registration

Address: 111 St. George Street, 9th Floor, London, ON N6A 1K4, CA | Contact Information: Phone: 1-888-222-2332 Fax: 1-888-427-4776 | Social: Facebook, Twitter, LinkedIn, YouTube, Instagram

Aphria Registration Walkthrough

Step 5

Patient Registration Form - To be completed by the Patient

ENTER YOUR INFORMATION

First Name * Last Name *

Date of Birth * Gender *

Phone * Mobile / Cell *

Email *

Street Address * Unit # * City *

Reside With (Spouse/Partner) *

Reside With (Relative) *

Reside With (Other) *

Shipping Information *

My shipping information is the same as the information above

My shipping information is to a different address

By clicking the first you agree that you have read, understood, and hereby agree to the information on the previous screen and that you have returned it accurate and complete.

Continue Registration

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Step 6

Patient Registration Form - To be completed by the Patient

ACCEPT CONSENT

By clicking the first you agree that you have read, understood, and hereby agree to the information on the previous screen and that you have returned it accurate and complete.

Continue Registration

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Aphria Registration Walkthrough

Step 7

Patient Registration Form - To be completed by the Patient

Health registration is not possible for clients residing in a shelter or hotel, an alternative of residence is required. Please check the Registration Code box and select the completed document to Aphria by mail or fax.

First Name * Last Name *

John Doe

Date of Birth * / / Gender * Male Female

2000 / 01 / 01 Male Female

For Canadian Members:

K' Number

Phone * Mobile / Cell

100-500-8888 100-500-8888

E-Mail *

address@domain.com

Street Address * Unit # City *

123 Main Street Unit # 123 Ottawa

Resort Code (if applicable)

Resort Code

Province * Postal Code *

Ontario K1K 1K1

Residence Type: Private Nursing Home Group / Other

Shipping Information

Shipping Schedule * My shipping information is the same as the information above I live in a different address I live in a group/Resort's business address as per your Medical Document

By checking this box you agree that we have your information confidential and secure, agree to the conditions on the privacy or

First Name

John

CLICK CONTINUE

[Continue Registration](#)

Address: 101 River Street, Suite 100, Toronto, Ontario M5E 1B4
Contact Us: 1-800-567-8901
Fax: 416-462-1234
Email: info@aphria.com

Step 8

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Completed Form Registration Form Medical Document

REGISTRATION COMPLETE!

Thank you for completing Aphria's online registration

Your Patient ID is: 3045-6789-1011 please quote this in all correspondence

Your confirmation of registration and patient ID number have been sent to your email. Please follow these steps to complete your medical document if you haven't already.

1 Download & Print Medical Document

2 Complete your Health Care Practitioner

Send your completed original medical document via mail, or request that your physician fax us the medical document

[Download Medical Document](#)

Need more assistance? Contact our Support Team

Call us: 1-800-567-8901

EMAIL: info@aphria.com

Visit Us: Talk to our team here

Address: 101 River Street, Suite 100, Toronto, Ontario M5E 1B4, Canada

Company Name: Aphria Inc.

Contact Information: Phone: 1-800-567-8901 Fax: 416-462-1234 Email: info@aphria.com

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Country:

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Step 9

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REGISTRATION COMPLETE!

Thank you for completing Aphria's online registration

CHECK YOUR EMAIL FOR YOUR CLIENT ID ALONG WITH CONFIRMATION FROM APHRIA.

HARVEST MEDICINE WILL SEND YOUR MEDICAL DOCUMENT TO APHRIA WITHIN 24 HOURS OF YOUR APPOINTMENT.

REGISTRATION TAKES 3-7 BUSINESS DAYS, BUT CAN OFTEN BE FASTER. ONCE COMPLETE, APHRIA WILL EMAIL YOU LOGIN INFORMATION TO ACCESS THE ONLINE STORE.

Home | My Account | My Profile | My Orders | My Cart | My Wishlist | My Account Settings | My Profile | My Orders | My Cart | My Wishlist | My Account Settings

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