

Aurora Registration Walkthrough

Step 1



Step 2



Step 3



Aurora Registration Walkthrough

Step 4

STEP 1 - NEW REGISTRATION

Please fill out the form below. All fields are required.

Where are you? Patient

First Name:

Middle Name:

Last Name:

Email:

Phone Number:

Website:

Yes No

REGISTER

CLICK REGISTER

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Step 5

ENTER YOUR INFORMATION

Name:

Type:

Date of Birth:

Gender: Male Female

Do you have a physician to prescribe cannabis? Yes No

PRIMARY RESIDENCE

Address:

Unit/Apt:

City:

Province:

Postal Code:

Is the address above a private residence? Yes No

ADD A CAREGIVER

Would you like to add a caregiver? Yes No

SHIPPING ADDRESS

Same as residential address above? Yes No

Handling Instructions:

K NUMBER (VETERANS AFFAIRS ONLY)

K Number:

ACKNOWLEDGEMENT OF APPLICANT OR RESPONSIBLE INDIVIDUAL(S)

- The applicant acknowledges that medical marijuana is not approved for use as a drug in Canada and that its risks and benefits have not been determined. The applicant acknowledges that holding medical marijuana at their own risk and that Aurora cannabis is not liable for any damages, loss, or injury that results from the use of medical marijuana.
- The Applicant acknowledges that some of the information provided in this document may be shared with our service providers for shipping purposes only.
- The applicant understands and acknowledges that any medical documents sent with this form can not be returned once registration is complete.
- The Applicant acknowledges that, where the Applicant has been referred to Aurora by a third party intermediary, Aurora may share some personal information collected by Aurora, including information provided in this document, with the applicable third party intermediary.
- The applicant ordinarily resides in Canada.
- The information in this application and the Medical Document is correct and complete.
- The Medical Document is signed by the applicant or a caregiver from another source.
- The applicant is at least 18 years old.
- The applicant is not currently under any legal proceedings.

Verification: I agree to the above statements. I agree

REGISTER

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Step 6

ACCEPT CONSENT

Province:

Postal Code:

Is the address above a private residence? Yes No

ADD A CAREGIVER

Would you like to add a caregiver? Yes No

SHIPPING ADDRESS

Same as residential address above? Yes No

Handling Instructions:

K NUMBER (VETERANS AFFAIRS ONLY)

K Number:

ACKNOWLEDGEMENT OF APPLICANT OR RESPONSIBLE INDIVIDUAL(S)

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Verification: I agree to the above statements. I agree

REGISTER

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Step 7

AURORA HOME MY PROFILE CANNABIS PHYSICIANS APP BLOG FAQ

Province:

Postal Code:

Is the address above a private residence? Yes No

ADD A CAREGIVER

Would you like to add a caregiver? Yes No

SHIPPING ADDRESS

Same as residential address above? Yes No

Handling Instructions:

K NUMBER (VETERANS AFFAIRS ONLY)

K Number:

ACKNOWLEDGEMENT OF APPLICANT OR RESPONSIBLE INDIVIDUAL(S)

- The applicant acknowledges that medical marijuana is not approved for use as a drug in Canada and that its risks and dangers have not been determined. The applicant acknowledges that misuse of medical marijuana at their own risk and that Aurora cannot be held liable for any damages, loss, or injury that results from the use of medical marijuana.
- The Applicant acknowledges that some of the information provided in this document may be shared with your service provider for shipping purposes only.
- The applicant understands and acknowledges that any medical documents sent with this form are not to be returned once registration is complete.
- The Applicant acknowledges that, when the Applicant has been referred to Aurora by a third party intermediary, Aurora may share some personal information collected by Aurora, including information provided in this document, with the applicable third party intermediary.
- The applicant certifies they reside in Canada.
- The information in this application and the Medical Document is correct and complete.
- The Medical Document is not being used to seek or obtain dried marijuana from another source.
- The original of the Medical Document accompanies the application.
- The applicant will use _____ for shipping purposes.

Verification **CLICK REGISTER**

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Step 8

YOUR REGISTRATION IS COMPLETE

REGISTRATION SUCCESSFUL

Thank you so much for registering with Aurora. The last thing that we need before you can start accessing Aurora's medical cannabis is a medical document from a Healthcare Practitioner.

DO YOU ALREADY HAVE A HEALTHCARE PRACTITIONER?
Click here to download request the form that your physician needs to fill out about your ability to Aurora.

DO YOU NEED A REFERRAL TO A CANNABIS EDUCATED HEALTHCARE PRACTITIONER?
Click our chart you been used at 1-844-822-7673 or send an email to: info@auroracannabis.com

If you require any assistance or if you have any questions at all, please don't hesitate to contact our Client Care Team. They would be more than happy to help you!

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Step 9

REGISTRATION SUCCESSFUL

Thank you so much for registering with Aurora. The last thing that we need before you can start accessing Aurora's medical cannabis is a medical document from a Healthcare Practitioner.

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

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

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

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