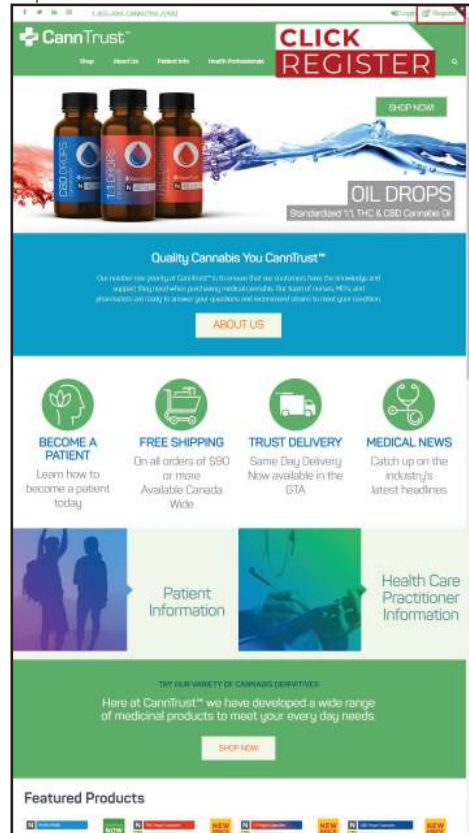


CannTrust Registration Walkthrough

Step 1



Step 2



Step 3



CannTrust Registration Walkthrough

Step 4

Registration Step 1 of 2

Please read all fields in reference to the provided description in the dropdown menu.

CLICK NEXT

DON'T MISS OUT!

Enter your Email

SITE MAP

LINKS

LINKS

Step 5

Patient Registration Step 2 of 2

Please read all fields in reference to the provided description.

ENTER YOUR INFORMATION

DON'T MISS OUT!

Enter your Email

SITE MAP

LINKS

LINKS

Step 6

Patient Registration Step 2 of 2

Please read all fields in reference to the provided description.

ACCEPT CONSENT

DON'T MISS OUT!

Enter your Email

SITE MAP

LINKS

LINKS

CannTrust Registration Walkthrough

Step 7

Patient Registration
Step 2 of 2

PLEASE CONFIRM ALL INFO, AND CHECK YOUR INFORMATION.

If you have any questions, call us at 1-800-229-0844
CANNTRUST

City:

State:

Postal Code:

ADMISSION OF AGENCY DISBURSALS

CLICK SUBMIT

DON'T MISS OUT!

Subscribe to our email newsletter to stay up-to-date on the latest CannTrust news and promotions. You'll also unsubscribe at any time.

QUESTIONS TO DOCUMENTS

Medical Document (English) (English)
Registration Form A - For Agencies with a Majority (Majority) (Majority)
Advance Notice (English) (English)
Registration Form B - For Agencies with no Majority (English) (English)
Advance Notice (English) (English)
Registration Form C - Medicare Agency to your Health Care Practitioner (English) (English)
Advance Notice (English) (English)
Registration Form D - Medicare Agency to your Health Care Practitioner (English) (English)
Advance Notice (English) (English)
Registration Form E - Medicare Agency to your Health Care Practitioner (English) (English)
Advance Notice (English) (English)

ORGANIZED GOVERNANCE

Member of the Board of Directors (Majority) (Majority)
Advance Notice (English) (English)
Certificate of Incorporation (English) (English)
Articles of Amendment (English) (English)
Articles of Dissolution (English) (English)

QUESTIONS

Registration Form A - For Agencies with a Majority (Majority) (Majority)
Advance Notice (English) (English)
Registration Form B - For Agencies with no Majority (English) (English)
Advance Notice (English) (English)
Registration Form C - Medicare Agency to your Health Care Practitioner (English) (English)
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Registration Form D - Medicare Agency to your Health Care Practitioner (English) (English)
Advance Notice (English) (English)
Registration Form E - Medicare Agency to your Health Care Practitioner (English) (English)
Advance Notice (English) (English)

Step 8

Your patient registration form has been submitted.

YOUR REGISTRATION IS COMPLETE

Check your registration process steps:

Step 1: Obtain a Medical Document (English) (English) from the medical services team at Harvest Care Pharmacy.

Step 2: Submit your completed documents to CannTrust (please see below) 1-844-229-0844.

Note: If you are still looking for a primary care physician, we can help you find one. Please contact us at 1-844-229-0844.

Keep us updated for our marketing goals. We will have nothing on your shoulders and you do not owe us anything. The information that you provide is only used for our marketing goals.

In the meantime, please visit www.harvestmedicine.com to view our latest product offerings. We look forward to being your trusted partner in getting you the best care.

QUESTIONS TO DOCUMENTS

Medical Document (English) (English)
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If you're here on the edge of maturity, we've got you covered. We'll help you get the most out of your business.

Step 9

Your patient registration form has been submitted.

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

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

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

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