

Hydropothecary Registration Walkthrough

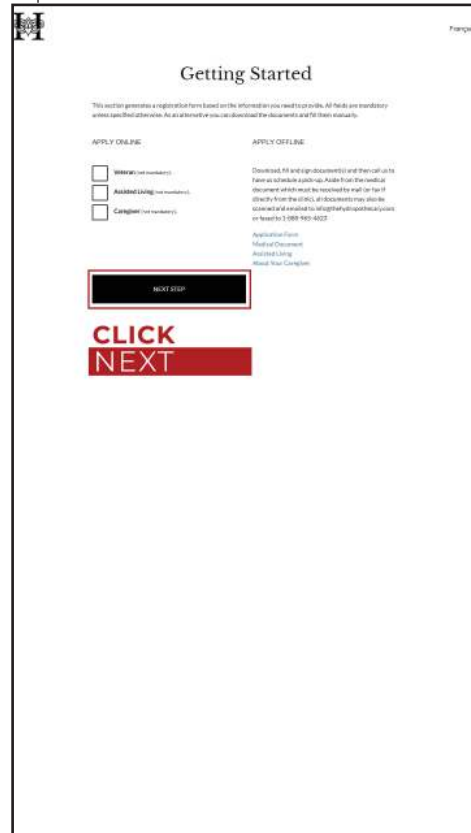
Step 1



Step 2



Step 3



Hydroponic Registration Walkthrough

Step 4

ENTER YOUR INFORMATION

Applicant Data

To be filled out by the applicant or your representative for the applicant who has a permanent address in Canada.

If the applicant who does not reside in your province and has no permanent address, the Addressing Form will also need to be completed with this application.

Personal Language
 English
 French

Title
 Mr
 Ms
 Mx

Name
 First Name
 Last Name

Date of Birth
 DD / MM / YY

Gender
 Other

PHONES
 Phone Number
 Country
 Area Code
 Number
 Country/Region not applicable

Alternate Phone Number
 Country
 Area Code
 Number
 Country/Region not applicable

EMAIL
 Email address (read and for online orders)
 address@email.com

I agree to receive Hydroponic's newsletter containing news, updates and promotions regarding Hydroponic's products. You may withdraw your consent at any time.

BACK NEXT STEP

Step 5

Client Data

APPLICANT INFORMATION

To be filled out by the applicant or your representative for the applicant who has a permanent address in Canada.

If the applicant who does not reside in your province and has no permanent address, the Addressing Form will also need to be completed with this application.

Personal Language
 English
 French

Title
 Mr
 Ms
 Mx

Name
 First Name
 Last Name

Date of Birth
 DD / MM / YY

Gender
 Other

PHONES
 Phone Number
 Country
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Alternate Phone Number
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 Email address (read and for online orders)
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BACK NEXT STEP

CLICK NEXT

Step 6

ENTER YOUR INFORMATION

Location and Addresses

Note: One residential and shipping address cannot be a PO box.

Your Business may be shipped from any of the following: *If you have no business/residential address, you must select none.

Has the Client an existing business?
 Yes No

Apartment and Suite Number
 Street
 City and Province
 Postal Code

RESIDENTIAL ADDRESS
 Apartment and Suite Number
 Street
 City and Province
 Postal Code

MAILING ADDRESS
 Same as Residential address

SHIPPING ADDRESS
 Same as Residential address

BACK NEXT STEP

Hydrothecary Registration Walkthrough

Step 7

Location and Addresses

Note the residential and shipping addresses can be a PO Box

Medical use only may be obtained from the following:
 (i) the applicant's place of residence (residential address)
 (ii) the applicant's mailing address
 (iii) the institution providing care on behalf of the applicant (if permitted) (care facility)
 (iv) the applicant's health care provider (if consent has been provided for the digital Medical Document concerning the applicant)

RESIDENTIAL ADDRESS

Apartment and Suite Number:

Street:

City and Province:

Postal Code:

MAILING ADDRESS

Residential address

SHIPPING ADDRESS

Residential address

BACK NEXT STEP

CLICK NEXT

Step 8

Statement

CLIENT DATA INFO
 H4: John Doe (John Doe)
 Cur: 555-555-5555
 john.doe@hmed.ca

RESIDENTIAL ADDRESS INFO
 1234 Ave Street, Calgary, Alberta, X5S 1X1

MAILING ADDRESS INFO
 Same as residential address

SHIPPING ADDRESS INFO
 Same as residential address

(i) the applicant is currently residing in Canada
 (ii) the information in the application and the medical document is correct and complete;
 (iii) the medical document is not being used to seek or obtain fresh or dried marijuana or cannabis oil from another source;
 (iv) the original of the medical document is provided in support of the application and
 (v) the applicant will use fresh or dried marijuana or cannabis oil only for their own medical purposes.
 If the applicant consents to the health care practitioner named in the Medical Document disclosing required personal health information to the Hydrothecary for the purpose of registering the applicant in compliance with the requirements of the Access to Cannabis for Medical Purpose Regulations.
 (vi) the applicant is aware that the benefits and risks associated with the use of marijuana are not fully understood and that the use of marijuana may involve risks that have not been identified and the applicant accepts these risks.
 (vii) by signing this registration form, applicant or caregiver (if applicable) allow Hydrothecary to send registration information to the mailing and email addresses provided to verify the health care provider's license information with the Public and Risk Solutions Act (the "license verification process").
 The health care provider for this application agrees to provide certain personal information to Hydrothecary. This information is being collected and will be used by Hydrothecary for the purpose of completing registration, which includes: review of license information, detecting any duplicate profiles from Hydrothecary, or determining the qualifications for license renewal, if applicable in any, from another jurisdiction. In "I consent to allow my information to be shared in order to provide license information verification." (Authorized Third Parties). The applicant and caregiver will be permitted to review the registration process in any.

You hereby agree that you (Personal Information) will be disclosed to Hydrothecary or its Authorized Third Parties. In any process involving the use of Personal Information or related information, involved in marketing research, is not intended for any personal use and parties will diligently to ensure the confidentiality of the Applicant's Personal Information and its registration process.

ENTER SIGNATURE

Sign Here

Or you can type your signature here.

BACK SUBMIT

Step 9

Statement

CLIENT DATA INFO
 H4: John Doe (John Doe)
 Cur: 555-555-5555
 john.doe@hmed.ca

RESIDENTIAL ADDRESS INFO
 1234 Ave Street, Calgary, Alberta, X5S 1X1

MAILING ADDRESS INFO
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SHIPPING ADDRESS INFO
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By signing this Application, you consent to the foregoing collection, use and disclosure of your Personal Information.

Sign Here


Or you can type your signature here.

BACK SUBMIT

CLICK SUBMIT

Hydropothecary Registration Walkthrough

Step 10

 Francis

CONGRATULATIONS

You have successfully completed your registration form.


If you have already received your medical document and your complete application is complete with Health Canada Access to Care and the Medical Profession Regulation, your registration should be finalised in the next 2-3 business days. If there is any issue with either form requiring to be completed/changed, information provided, and/or your ID card, will be contacted by the Hydropothecary in the next few business days to rectify the matter.

If you are unsure if your medical document has been received by the Hydropothecary, please contact your clinic to ensure it is being sent to us. Please note you cannot send a Health Canada ID card unless you contact us at 1-866-464-1552 as we would be happy to assist in connecting you with a clinic.

Thank you for choosing the Hydropothecary. We are very excited to modernise your pharmacy. Here at the Hydropothecary we are proud to offer uncompromising quality, premium concierge service, and industry leading innovation. At the Hydropothecary we respect your privacy at all times and ensure that you 24/7, 365 days per year.

**YOUR
REGISTRATION IS COMPLETE**

Step 11

 Francis

CONGRATULATIONS

You have successfully completed your registration form.

If you have already received your medical document and your complete application is complete with Health Canada Access to Care and the Medical Profession Regulation, your registration should be finalised in the next 2-3 business days. If there is any issue with either form requiring to be completed/changed, information provided, and/or your ID card, will be contacted by the Hydropothecary in the next few business days to rectify the matter.

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**CHECK YOUR EMAIL FOR YOUR CLIENT ID
ALONG WITH CONFIRMATION
FROM HYDROPOTHECARY.**

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

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



HARVEST
MEDICINE