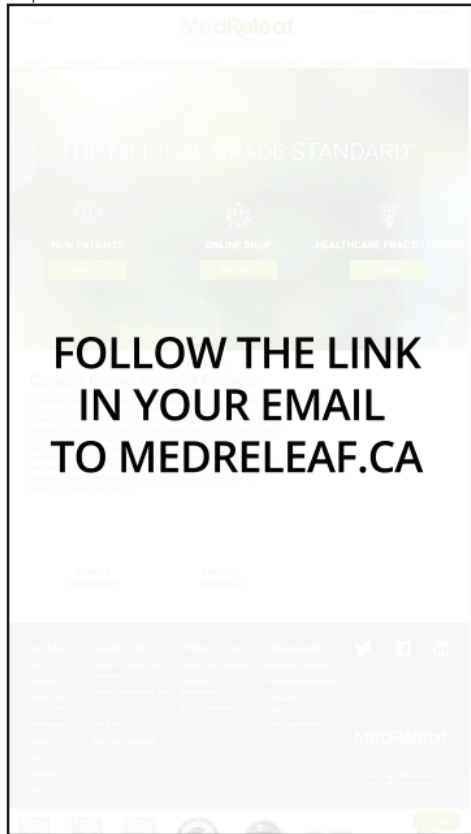
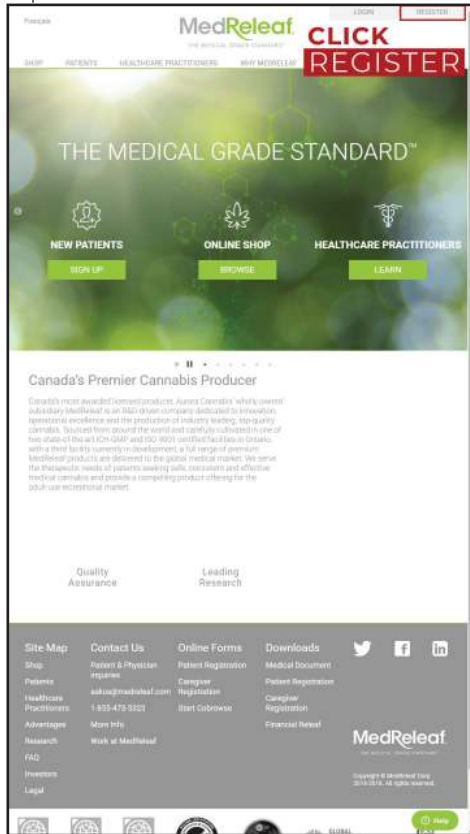


MedReleaf Registration Walkthrough

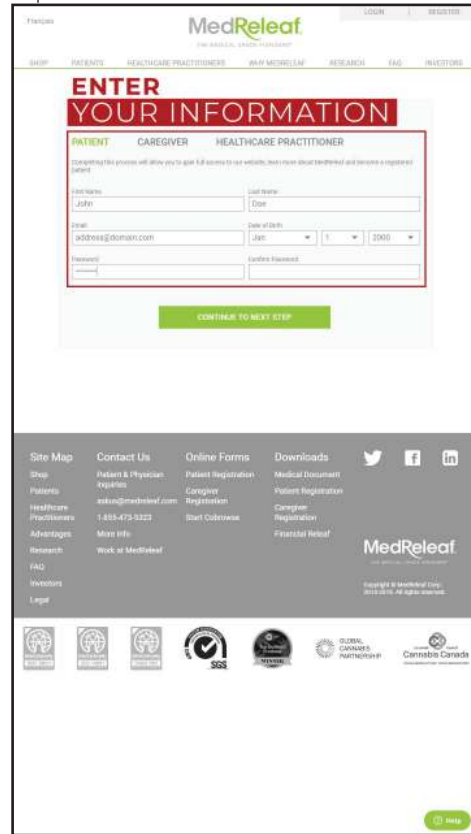
Step 1



Step 2



Step 3



MedRelief Registration Walkthrough

Step 4

MedRelief
THE MEDICAL DEVICE WALKTHROUGH

CREATE YOUR ACCOUNT

PATIENT CAREGIVER **HEALTHCARE PRACTITIONER**

Continuing this process will allow you to gain full access to our website, learn more about MedRelief and become a registered patient.

Last Name: First Name:

Email: Date of Birth:

Phone Number: Country:

CONTINUE TO NEXT STEP

CLICK CONTINUE

Site Map Contact Us Online Forms Downloads

Shop Patients Healthcare Practitioners Advantages Research FAQ Investors

Helpful & Physician Replies: info@medrelief.com 1-888-473-3223 Start Cubesize

Medical Document Request Caregiver Registration Patient Registration Caregiver Registration Patient Relief

MedRelief THE MEDICAL DEVICE WALKTHROUGH

Copyright © MedRelief Corp. All rights reserved.

GLOBAL PARTNER AUTHORITY

Canadite Canada

100 Help

Step 5

MedRelief
THE MEDICAL DEVICE WALKTHROUGH

Are you a doctor? Yes No

Gender: Male Female Other

Have you obtained a registration certificate from Health Canada to give your services online? Yes No

Primary Residence

Residence Type:

Start entering your address:

1234 567

100 Phoenix Dr. Toronto, ON M1J 1C7
100 Niagara Ave. Vancouver, BC V6L 2A8
100 Parkway Dr. Mississauga, ON L4W 1R9
100 Parkmeadow Ave. Toronto, ON M2H 3P9
100 Greenway Dr. Toronto, ON M2E 1V5

Billing Address

Same as Primary Address.

Mailing Address

Same as Primary Address.

ENTER YOUR INFORMATION

Agreed upon by checking your answer in a red box below, you can skip this step.

Subscribe to our newsletter and other communications as described in our terms of use.

I have read, understand and agree to the terms of use, applicable consent and privacy policies.

CREATE MY ACCOUNT

100 Help

Step 6

MedRelief
THE MEDICAL DEVICE WALKTHROUGH

Are you a doctor? Yes No

Gender: Male Female Other

Have you obtained a registration certificate from Health Canada to give your services online? Yes No

Primary Residence

Residence Type:

Start entering your address:

1234 567 890

2120 Flaxton St. Oak Caron, Ontario, P0N 1A8

Street Address: (alt. fields with asterisks are optional)

Postal Code: Province:

Phone Number:

Billing Address

Same as Primary Address.

Mailing Address

Same as Primary Address.

ENTER SIGNATURE

Please provide your signature by creating your answer in the box below. If you have a touch screen, you can sign with your finger or stylus.

I have read, understand and agree to the terms of use, applicable consent and privacy policies.

CREATE MY ACCOUNT

100 Help

MedReleaf Registration Walkthrough

Step 10

