



**(Part 1 of 2) -- Patient Information (provided to Farmacann and Facility by Patient, Caregiver or Doctor):**

Patient's First Name: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Care Facility Name, if delivery is to a facility: \_\_\_\_\_

Facility Location (Address, City, Zip Code):  
\_\_\_\_\_

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Residence Address, if delivery is to a residence (Address, City, Zip Code):  
\_\_\_\_\_

**Contact Information of the Patient and/or Caregiver:**

Patient: \_\_\_\_\_

Caregiver: \_\_\_\_\_

**Preferred Method of Initial Contact (check below):**

Patient/Caregiver will contact Farmacann: \_\_\_\_\_

Farmacann will contact Patient/Caregiver: \_\_\_\_\_

Patient or Contact's Name: \_\_\_\_\_

Contact's Phone Number(s): Home - (\_\_\_\_) \_\_\_\_\_

Cell - (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

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[customerservice@farmacann.com](mailto:customerservice@farmacann.com) – office: 707-931-2333 – eFax: 707-540-6353 – [www.farmacann.com](http://www.farmacann.com)



# FARMACANN

## **(Part 2 of 2) - Use Instructions (provided by Patient or Doctor to Farmacann and Facility):**

### **30 capsules per pill card**

#### **Select product and number of pill cards:**

Thrive \_\_\_\_\_ *(1:1 CBD/THC ratio) (1 capsule = 5mg CBD/5mg THC)*

Relief \_\_\_\_\_ *(2:1 CBD/THC ratio) (1 capsule = 6.6mg CBD/3.3mg THC)*

Ultra \_\_\_\_\_ *(20:1 CBD/THC ratio) (1 capsule = 20mg CBD/1mg THC)*

Night \_\_\_\_\_ *(Indica THC) (1 capsule = 3mg THC/2mg Melatonin)*

#### **Dosage Instructions:**

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