

Prescriber

name and initials _____
address _____
city _____
telephone number _____

Patient

name and initials _____
address _____
city _____
telephone number _____

Drug

- Cannabis Flos Bedrocan® x 5 g = g
- Cannabis Flos Bedrobinol® x 5 g = g
- Cannabis Flos Granulat Bediol® x 5 g = g
- Cannabis Flos Granulat Bedica® x 5 g = g
- Cannabis Flos Granulat Bedrolite® x 5 g = g

Usage

Amount per application
Number of applications per day
Maximum Amount per 24

Prescriber
Signature