



Mail this form to: **Tilray**
 1100 Maughan Rd
 Nanaimo, BC
 V9X 1J2
 Telephone: 844-845-7291
 Fax: 888-783-1323

Caregiver Information

Caregivers **must** fill out this section.

Caregiver Name

First Name

Last Name

Date of Birth

Year

Month

Day

Gender

Male

Female

Contact Information

Telephone

Email address (Required for Online Shopping with Tilray)

Address

City

Province

Postal Code

Contact Preference

Email

Phone

Mail

I,

Name of Individual or Caregiver Responsible

am responsible for

Patient's Name

Signature

Signature of Individual Responsible for Patient

Year

Month

Day