

Product Feedback.

Thank you for choosing our product and taking the time to complete this feedback form.

The more information we gather, the better our product range will be for you, and future patients.

We gather anonymous information, and store this in our secured company database.

We wish you the best on your journey to health with medical cannabis.

Gender: _____

Age: ____ / ____ / ____

Which product do you have feedback for? *Please Tick.*

Rua Puawai T26 Rua Hinu Taurite 10:15 Rua Hinu Taurite 25:25 Rua Hinu Hakoia Kore 100

Why have you requested medical cannabis e.g. pain, anxiety, sleep?

Have you previously used non-prescription (recreational/illicit/community-acquired) cannabis for this condition?

If you used dried flower, did the size and appearance of the dried flower meet your expectations?

If you used dried flower, did the smell of the dried flower meet your expectations?

What dose did you start with?

Please briefly describe the outcome of taking this medicine i.e. the effects.

What was your dose to achieve the desired outcome?

Would you recommend this medicine to others with similar health concerns?

Do you believe that the medicine was value for money?

Would you like to give any other feedback about our product?
