



Shaman's Reach Inc.

Nutraceuticals, Ethnobotanicals, Cannabis Medicine

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Physician Guided Terminal Illness Assistance Program

Purpose: To use the endocannabinoid system to relieve suffering in substitution of or as supplement to traditional approaches under a physician's care and observation. To provide cannabinoid therapies to those who would not be aware of it and/or otherwise not be able to afford it. To attempt to relieve suffering where at all possible. To increase awareness about the potential of and lengthy empirical record regarding cannabinoid medicine.

[Please Print Full Name]

I _____ give consent to share my medical records concerning my terminal illness to Shaman's Reach Inc. (SRI) for the purposes of being eligible to receive a monthly product donation lasting for at least 3 months. December 31, 2021 will be the last day to apply for this limited time program. I will provide, in conjunction with my physician, monthly updates on the status of my illness. I am aware that cannabinoid medicine is not currently fully recognized by the FDA, and I hereby release my physician and SRI from all liability regarding my use of these products by signing a Release Of Liability form.

[Please Print Full Name]

I _____ confirm that I am the primary care physician of the above-mentioned patient. We have discussed cannabinoid therapy as an option in treating their illness, which is _____. I will monitor my patient during the course of their program participation with SRI and I will also review my patient's current prescriptions and adjust them accordingly base on how they respond to the products during the donation period. I will provide, with my patient's consent, monthly updates on the status of my patient's illness to SRI while they are participating in this program. I will make myself reasonably available to SRI representatives for this purpose. I may, at anytime, withdraw my consent for my patient to participate in this program by email or letter.

Physician Signature/Date

Patient Signature/Date