

California Compassionate Use Act of 1996

Health and Safety Code 11362.5

Physician's Statement

Today's Date _____

Initial Consultation _____

This certifies that _____ DOB: _____
Is a patient under my consultative care and supervision for treatment of a serious medical condition.

I have discussed the medical risks and benefits of cannabis use with the patient as a treatment for this condition, and based upon those discussions and the currently available information regarding the safety and efficacy of cannabis, I approve the use of cannabis by this patient.

Renewal Date: _____

Physician's Signature _____

California License Number _____

The physician's initials below indicate that I approve a quantity of cannabis use, consistent with the patient's needs, that exceeds guidelines set forth in California law, SB 420, and/or guidelines within this patient's county of residence, as provided by California H&SC # 11362.77b.

_____ Physician's initials