

GARDEN GUIDELINE EXTENSION FORM

Extension of patient growing limits as per California Compassionate Use Act

To Whom It May Concern:

I am a physician in the state of California, _____ is my patient. This statement is to affirm that the patient has advised me that due to personal circumstances, the county garden guidelines is not adequate to provide for his / her personal medical dosage, and therefore requires an exemption from the guideline. The patient agrees and understands that he /she shall not have more than 15 cannabis plants growing in total at any time. The patient agree and understands that deviating from these guidelines will void the garden guideline extension form. The Patient agrees to have regular visits with the physician in order to monitor condition and reevaluate if extension form still applies. Patient agrees to have a checkup visit with physician at scheduled times. By signing below the patient is agreeing they have read and understand all requirements.

Address of Garden

Date of Statement and Duration

Date of Birth

Patient Printed Name

Patient Signature

Today's Date