

PHYSICIAN'S STATEMENT

Compassionate Use Act of 1996
In accordance with Health and Safety Code Section §11362.5

This is to certify that _____ is a patient under my care. This patient has a significant medical condition which, in my opinion may benefit from the use of medical cannabis I have conferred to the patient the benefits and possible risks of medical cannabis. I approve his/her use of cannabis as medicine. If my patient chooses to use cannabis as medicine, I will expect them to keep appointment so I am able to monitor his/her condition.

This patient is eligible to consume cannabis for the duration of:

- 1-Week 2-Months 3-Months
 6-Months 12-Months Other: _____

and is expected to return the clinic for additional evaluations.

Physician Signature: _____ Date: _____

PATIENT'S DECLARATION

I, _____ declare that all the information provided to the physician is true and correct under penalty of perjury. I am a California resident. **When using of medical cannabis, I will not drive or use heavy machinery. I understand the potential risks and benefits of medical cannabis.**

Patient Signature: _____ Date: _____