Health and Safety Code 11362.5 PHYSICIAN'S STATEMENT

		tient under my medicai
print patient's name		
care and supervision for the treatmen	t of	•
-		gnosis
I have discussed the medical benefits a as a treatment for these medical condi patient.	and risks of canr	nabis use with the patient
If my patient chooses to use cannabis his/her medical condition and to provi	•	
I understand that I may be contacted patient authorizes me to discuss their letter, for verification purposes only. I in the state of California.	medical condition	on and the contents of this
State guideline is not adequate fo	r patient, allow	for more.
Patient's Signature		
Physician's Signature	Date	
Physician's Name (print)		N.P./P.A. Signature (optional)
Physician CA License No.		N.P./P.A. Name (optional-print)
(street)		
(City)		
()		
Phone Number		