



DRAFT - PHYSICIAN CERTIFICATION

PATIENT RECOMMENDATION FOR MEDICAL MARIJUANA

Date Recommendation Issued:

Effective Date:

Patient Information

Name: _____

Age: ☐ 18 to 20 Years of Age ☐ 21 Years of Age or Older

Street Address: _____

City: _____, Colorado Zip Code: _____

Recommending Physician

Name: _____ DEA #: _____

Practice Name: _____

Practice Street Address: _____

City: _____, Colorado Zip Code: _____

Recommending Physician Certification

I hereby affirm and certify under the penalty of perjury that I have a treatment or counseling relationship with the patient identified on this form, and that the above recommendations are based on an in-person assessment of the patient. I affirm that the patient was informed of the possible risks and benefits associated with the use of medical marijuana. I further affirm that the patient was provided with a copy of this form that includes verification that the patient has been diagnosed with a chronic or debilitating disease or disabling medical condition; the recommended daily amount of medical marijuana; and directions for proper use of the recommended medical marijuana.

Certified this _____ day of _____, 20____.

Recommending Physician's Signature

Recommending Physician's Printed or Typed Name

NOTE: If the patient is 18-20 years of age a second physician must please complete page 3.

| |
|---|
| Physician Medical Marijuana Recommendation |
|---|

Directions for Use: _____

The recommending physician recommends (check all that apply):

1. Medical Marijuana Flower

☐ Medical Marijuana Flower (Maximum statutory daily sales limit: 2 ounces)

Does the recommendation exceed the statutory daily sales limit of 2 ounces? If yes, enter the amount: _____ ounces

Maximum recommended THC Potency for flower: _____ % Total THC

2. Medical Marijuana Product

☐ Medical Marijuana Products (Maximum statutory daily sales limit: 20,000 mg)

Does the recommendation exceed the statutory daily sales limit 20,000 mg per day? If yes, enter the amount: _____ milligrams

Maximum recommended THC Potency for products: _____ mg

3. Medical Marijuana Concentrate

☐ Medical Marijuana Concentrate (Maximum statutory daily sales limit: 8 grams (patient under 18, over 21) or 2 grams (patient 18-20))

Does the recommendation exceed the statutory daily sales limit (2 or 8 grams)? If yes, identify the exception, daily authorized purchase limit and maximum recommended THC from the following:

☐ Patient is Homebound

☐ Patient was issued a Medical Marijuana Registration Card Prior to Age 18:
If so, Issue Date: _____

☐ Physical Hardship- Determined by Physician

☐ Geographic Hardship - The patient's home address is in a county with 5 or less Medical Stores or the physician recommended one or more Medical Marijuana Product(s) that are unavailable from stores in the patient's county of residence.

☐ Physician Determination of a Patient Need- Flagged For Discussion

If any box in this section 3 is checked, provide the Authorized Daily Sales Limit for Concentrate: _____ grams

Maximum recommended THC Potency Amount for concentrate: _____ % Total THC

Only Complete This Page for Patients 18 to 20 Years of Age

Second Physician

Separate practice is not required if the patient is homebound or was issued a registration card prior to age 18

Name: _____ DEA #: _____

Practice Name: _____

Practice Street Address: _____

City: _____, Colorado Zip Code: _____

Second Physician Certification

I hereby affirm and certify under the penalty of perjury that I have performed a second in-person assessment on the 18 to 20 years of age patient identified on this form. I affirm that the patient was informed of the possible risks and benefits associated with the use of medical marijuana. I also affirm that I have reviewed the records of the diagnosing physician, and I ☐ concur ☐ do not concur with the determinations and recommendations presented by the diagnosing physician.

Certified this _____ day of _____, 20____.

2nd Physician's Signature (If Applicable)

2nd Physician's Printed or Typed Name