Medical Marijuana Program WRITTEN DOCUMENTATION OF PATIENT'S MEDICAL RECORDS (Please Print)

Note to Attending Physician: This is not a mandatory form. If used, this form will serve as written documentation from the attending physician, stating that the patient has been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate. A copy of this form must be filed in the attending physician's medical records for the patient. If the patient chooses to apply for a Medical Marijuana Identification card through the county health department or its designee, the agency will call your office to verify the information contained on this form.

Attending physician name			California medical license number
Service mailing address (number, street)			Office telephone number ()
City	State	ZIP code	Office fax number
Licensed by (check one): Medical Board of California Osteopathic Medical California	dical Boa	ard of California	<u>-</u>
Patient's name named physician who has diagnosed the patient with one of 1. Acquired Immune Deficiency Syndrome (AIDS) 2. Anorexia 3. Arthritis 4. Cachexia 5. Cancer 6. Chronic pain 7. Glaucoma 8. Migraine 9. Persistent muscle spasms, including, but not limited to, 10. Seizures, including, but not limited to, seizures associat 11. Severe nausea 12. Any other chronic or persistent medical symptom that e a. Substantially limits the ability of the person to conductive Disabilities Act of 1990. b. If not alleviated, may cause serious harm to the patients	spasms ted with o	associated witepilepsy	h multiple sclerosis ife activities as defined in the Americans with
ATTENDING PHYSICIAN STATEMENT: This patient has been diagnosed with one or more marijuana is appropriate.	of the f	oregoing med	lical conditions and the use of medical
Name of physician or physician staff completing this form	Telepl	none number	Date

Copy—Patient's File

Original—Patient