

Physician's Statement Regarding Medical Cannabis

As Per California Health and Safety Code §11362.5

To Whom It May Concern:

This statement certifies that _____ (*patient*) is a patient under my care and supervision for the treatment of _____ (*diagnosis*).

I decline to state my patient's diagnosis to protect his or her confidentiality.

I have discussed the benefits and risks of cannabis use with my patient as a treatment for his or her condition. I recommend or approve cannabis use for my patient. If my patient chooses to use cannabis therapeutically, I will continue to monitor his or her condition and provide on his or progress.

I understand that I will be contacted to verify the content of this letter. My patient authorizes me to discuss this recommendation or approval for verification purposes only.

I am a physician licensed to practice medicine in California.

This statement is valid until _____ (*expiration date*).

Physician's Signature

CA License No.

Physician's Name

Date

Address

City, State, Zip

Telephone