



COLORADO

Medical Marijuana Registry

Department of Public Health & Environment

PC

Physician Certification

This is not a Prescription

This physician certification is a recommendation and does not constitute a prescription for medical marijuana.

For patients with increased plant counts

If you are recommending a higher plant count for this patient, (more than the constitutionally allowed 6 plants and 2 ounces) it is your responsibility to provide the patient with a copy of this completed form for affirmative defense purposes. Please note that if the "Reason for increased plant count" field is left blank, the form will be rejected.

Board of Health Regulations:

Board of Health rule 5 CCR1006-2, regulation 8 provides complete guidance regarding physician requirements, reasonable cause for referrals of physicians to the Colorado Medical Board, reasonable cause for department adverse action concerning a physician, and appeal rights. The complete Board of Health rules are available on our website.

To recommend medical marijuana, a physician must:

1. Have an active MD or DO license in good standing with the state of Colorado.
2. Submit a copy of your current DEA Certificate to the Registry. If a copy of the DEA certificate is not already on file, please email it to: medical.marijuana@state.co.us
3. Have a bona fide physician-patient relationship with the patient.
4. Conduct a physical examination each year and review patient's medical history to certify the patient has a qualifying debilitating medical condition.
5. Complete a physician certification for the patient. A new physician certification is required each year as part of the patient's renewal process.
6. Provide a copy of the physician certification to the patient for their application packet.
7. Keep a copy of the completed physician certification in the patient's medical record.

PHYSICIAN CERTIFICATION FORMS THAT ARE NOT COMPLETELY FILLED OUT WILL BE REJECTED. THIS WILL DELAY THE ISSUANCE OF PATIENT CARDS.

A TELEPHONE NUMBER WHERE THE REGISTRY CAN LEAVE A MESSAGE AND AN E-MAIL ADDRESS ARE REQUIRED.



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Physician Certification

STAFF ONLY

Evaluated

Patient Information		
1. Social Security Number	2. Last Name	3. First Name
4. Date of Birth	4. Date of Physical Exam	5. Is this patient homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No

- 6a. The above-named patient has been diagnosed with and is currently undergoing treatment for the following chronic, debilitating medical condition or has a chronic, debilitating disease or medical condition that produces one or more of the following:
- | | | |
|---|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cachexia | <input type="checkbox"/> Persistent Muscle Spasms |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Severe nausea | <input type="checkbox"/> Severe pain |
| <input type="checkbox"/> HIV or AIDS positive | <input type="checkbox"/> Seizures | |

6b. Etiology:

or Etiology unknown

- 7a. Indicate physician recommended plant count:
- Standard amount 6 plants/2 ounces
- Increased amount: _____ plants/_____ ounces

7b. Reason for increased plant count (Required):

Physician Information		
8. License Number DR -	9. Last Name	10. First Name
11a. Physician Mailing Address		11b. Bldg/Ste #
12. City		State CO
		13. Zip Code
14. Telephone	15. Fax	16. Email

Physician Attestation

I hereby certify that I am a physician duly licensed in good standing to practice medicine in Colorado. I have a bona fide physician-patient relationship with the above-named patient in compliance with state statutes, including the Medical Practice Act CRS Title 12 Article 36. I have assessed this patient's medical history and current medical condition. I conclude that this patient may benefit from the medical use of marijuana. I do not have a financial interest related to a medical marijuana center. This assessment is not a prescription for the use of marijuana.

17. Physician's Signature