

Physician's Statement & Recommendation

California Health and Safety Code Section 11362.5

Patient Name:	QWE QWE		
Recommendation ID #:	489 158 5713	DOB:	11/07/1998
Date of issue:	06/08/2017	Date of expiration:	06/08/2018

The purpose of this medical marijuana recommendation is to clearly represent that the individual (i.e., patient) whose information is indicated on this recommendation is a patient who was evaluated by the California Licensed Physician whose name and license is indicated below who concluded that based on the patient's medical problems (i.e., medical conditions), he or she is permitted to possess and or cultivate medical marijuana in accordance with California Health and Safety Code Section 11362.5, Compassionate Use Act of 1996 (i.e., Proposition 215) with medical requirements for more than 8oz and up to 99 plants.

The physician who evaluated said patient acts only as a consultant and NOT as a primary care provider. The patient confirms the fact that the potential medical benefits and risks of the use of medical marijuana were discussed with the physician during the evaluation. The patient further confirms the fact that they have been clearly informed NOT to drive, NOT to operate heavy machinery and NOT to engage in any activity that requires alertness while using medical marijuana.

The patient assumes full medical and legal responsibility for any and all legal and health risks associated with the use of medical marijuana as a treatment option. The patient authorizes the physician (i.e., this office) to discuss the nature of their medical problems (i.e., conditions) and the information contained in this document only for verification purposes. The patient agrees to NOT transfer nor allow any other individual to use this recommendation neither on their behalf nor in any way whatsoever other than by the patient whose name is indicated herein.

The patient understand and agrees that this medical marijuana recommendation can be revoked by the physician (i.e., this office) if said terms and conditions are violated by the patient and or at any time without notice. By signing below, I confirm that I have been advised and fully understand the terms and conditions stated above and that the prolonged use of Medical Marijuana (i.e., Cannabis) in any form may cause damage to any of the organs and cells of the human body.

I understand that this recommendation is valid ONLY in the State of California and is void if used across state lines.

This patient hereby authorizes this office to discuss the nature of their condition(s) and the information contained in this document only for verification purposes.

This is a non-transferable document. This document is the property of physician indicated on this document and can be revoked at any time without notice. Void after date of expiration, if altered or misused. Please direct all questions to the office that issued this recommendation.

By signing below, I confirm that I have been advised and fully understand that the daily and prolonged use of Medical Marijuana (i.e., Cannabis) in any form may cause damage to any of the organs and cells of the human body.

I understand that this recommendation is valid ONLY in the State of California and is void if used across state lines.

24/7 Online Verification:	lookup420.com
24/7 Phone Verification:	(818) 650-3223

Physician Signature:		Patient Signature:	Q.Q.
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Physician Information:	DOCTOR NAYAN SHAH M.D. A80851 818-650-3223
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