

**420Recs**

Phone: (844) 780-8032

P.O. Box 594

Pasadena, CA 91107

PATIENT ID:


**HA20851**

This certifies that **EDUARDO ALVEAR** was evaluated in my office for a medical condition, which in my professional opinion, may benefit from the use of medical marijuana. It is my assessment that the above-mentioned patient qualifies under California Health and Safety Code Section 11362.5 for the use of cannabis for medical purposes. If the patient chooses to use marijuana therapeutically, I will continue to monitor his/her medical conditions and to provide advice on his/her progress at least annually. I act only as a consultant, not as primary care provider. This patient assumes full responsibility for any and all risks associated with this treatment option. I have discussed the potential medical benefits and risks of marijuana use.

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

This medical document identifies this individual as a patient whose possession and/or cultivation of medical cannabis is permissible pursuant to California Health and Safety Code Section 11362.5, Compassionate Use Act of 1996 (i.e., Prop 215) and Senate Bill 420.

SIGNED


 LICENSE: G73590 Francis G. D'Ambrosio, MD

STATEMENT ISSUE DATE: 03-26-2017

RECOMMENDATION LENGTH: 1 Year

EXPIRATION DATE: 03-26-2018

PATIENT ID NUMBER: HA20851



PATIENT SIGNATURE

**TO VERIFY THIS RECOMMENDATION**

Online

**420recs.com**24/7 Online Verification @ <https://cannabisverify.com>

To verify this recommendation please visit the website listed above. When prompted enter the 7-character Patient ID followed by the patient's birthdate located on their California ID card.

PHYSICIAN STATEMENT