## Physician Statement and Recommendation

3022303	Eduardo Nicolas Alvear Gorizalez
Recommendation ID Number	Patient Name
D9349801	Limits Exemption
Patient Driver's License Number	
	12/30/2022
12/31/2021	Recommendation Valid Through Date
Recommendation Issued Date	
24 – Hou	r Verification
650-300-4334	https://getheally.com/verify
Phone Number	Online: (web address)
Pursuant to California's Health	and Safety Code Section 11362.5
	ndividual as a patient whose possession and or cultivation of ealth and Safety Code Section 11362.5 and Senate Bill 420.
	and evaluated by the physician indicated on this document the State of California. It is their assessment that the above- Safety Code Section 11362.5 for the use of cannabis for

patient assumes full responsibility for any and all risks associated with this treatment option. The physician has discussed the potential medical benefits and risks of cannabis use. This patient hereby gives permission for representatives of Heally to discuss the nature of their condition(s) and the information contained within this document to verification purposes. This is a non-transferable document. This

medical purposes. The attending physician is responsible for only the medicinal cannabis aspect of medical care. This

By signing below, I confirm that I have been advised and fully understand that the daily and prolonged use of Medical

document is the property of the physician indicated on this document and can be revoked at any time without notice.

Marijuana (i.e., Cannabis) in any form may cause damage to any of the organs and cells of the human body.

EquoSign - eSignature Signed by: Eduardo Alvear Gonzalez Signed on: 12/31/2021

Void after expiration, if altered or misused.

-MiAvMS0xMi0zMSBBbHZIYXIgR29uemFsZXo

Physician Signature

EquoSign - eSignature

Signed by: Francis D'Ambrosio

Signed on: 12/31/2021

-MjAyMS0xMi0zMSBE4oCZQW1icm9zaW8=

G73590

Physician License Number

Patient Signature

