

(This is a template for the physician to copy and personalize)

Health and Safety Code 11362.5

PHYSICIAN'S RECOMMENDATION

Physician's Name: _____

This certifies that _____ is a patient under my medical
print patient's name

care and supervision for the treatment of _____
Diagnosis (optional)

I have discussed the medical benefits and risks of cannabis use with the patient as a treatment for these and/or other medical conditions. I recommend cannabis use for my patient.

If my patient chooses to use cannabis therapeutically, I will continue to monitor his/her medical condition and to provide advice on his/her progress.

I understand that I may be contacted to verify the information in this letter. My patient authorizes me to discuss their medical condition and the contents of this letter, for verification purposes only. I am a physician licensed to practice medicine in the state of California.

Physician's Name (print): _____

Physician's Address (Street, City, Zip Code): _____

Physician's phone number: (____) _____

Physician's CA License No.: _____

Physician's Signature: _____

Date: _____