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. Last Name | 2. First Name | 3. Date of Birth |
| 4. Date of physical examination | 5. Is this patient homebound? ☐ Yes ☐ 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:

☐ Cancer ☐ Glaucoma ☐ HIV or AIDS positive
☐ Cachexia ☐ Severe nausea ☐ Severe pain
☐ Persistent muscle spasms ☐ 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