

Certification

To create a new Physician Certification, complete the fields below and click "Save"

To amend a Physician Certification, click "Edit" below, make any changes as necessary and click "Save"

To revoke a Physician Certification, click "Edit" below, change the "Certification Status" to "Revoked" and click "Save"

Please note, all new and amended Physician Certifications require your Physician PIN (created when you registered for your Medical Marijuana Registry account) and your electronic signature.

Physician Certification Number PC-2016-000159

Patient SSN 000-00-0000

Patient Last Name Doe

Patient First Name Jane

Patient DOB 01/14/1980

Date of Physical Exam 11/04/2016

Homebound No

Medical Condition

- Severe Pain

Etiology

Etiology Unknown Yes

Plant Count Standard Amount 6 plants/2 ounces

Increased Amount Plants

Increased Amount Ounces

Increased Amount Reason

Certification Status Active

Amended Date 12/13/2016

Physician PIN

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. 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. In the event that I revoke this certification, I hereby certify that I no longer provide medical or care giving services to the above listed patient

Physician Signature

Physician Electronic Signature

Created By

ADMIN4, ADMIN4

Created Date
Updated By
Updated Date

11/04/2016 02:12 PM
ADMIN4, ADMIN4
12/13/2016 01:30 PM

SAMPLE

