



Medical provider form: Medical cannabis patient information request

This form is for Utah licensed medical providers to request the Utah Department of Health and Human Services (DHHS) Center for Medical Cannabis to release information about their patient's medical cannabis card and purchase history.

Instructions: This form must be signed by the medical provider and submitted to the DHHS Center for Medical Cannabis by email with a copy of the provider's state or federal government-issued photo ID.

Section 1: Medical cannabis patient information

Patient's name:			
Medical cannabis PAT-ID (if available):			
Patient's date of birth:			

Include the medical cannabis purchase history.

Section 2: Medical provider information

Name:			
Utah DOPL license number			
Phone:		Email:	

Section 3: Affidavit

I certify that the patient named in section 1 is my current patient and I authorize the DHHS Center for Medical Cannabis to send verification of my patient's cannabis history to the email listed in section 2. I certify that the information contained in this application is true and correct.

Medical provider's signature:		Date:	
Medical provider's printed name:			

Email the completed form and a copy of the medical provider's government-issued photo ID to cannabiscompliance@utah.gov.

A verification letter will be emailed to the individual listed in section 2 within 5 business days.

Department of Health and Human Services
Center for Medical Cannabis
PO Box 144340 Salt Lake City, UT 84114-4340
Phone: (801) 538-6504; email: cannabiscompliance@utah.gov;
website: medicalcannabis.utah.gov