



**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. This form can be used by a podiatrist (DPM), advanced practice registered nurse (APRN), physician (MD, DO), or physician assistant (PA) who prescribes medication to the patient listed in section 1.

**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 I am a prescribing provider of the patient named in section 1 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](mailto:cannabiscompliance@utah.gov).

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