

Medical provider recommendation form for medical cannabis

Send the form to a medical cannabis pharmacy. The patient can take it directly to the pharmacy, or the provider can send it through encrypted email or secure fax.

Provider information:

First name: _____ Last name: _____
 Clinic name: _____ License type: ☐ MD ☐ DO ☐ APRN ☐ PA ☐ DPM
 DOPL professional license number: _____ DEA number: _____
 DOPL controlled substance number: _____ NPI number: _____
 Email: _____ Phone #: _____
 Mailing address: _____

Patient information:

You may attach documents with relevant medical or medication history to this form.

First name: _____ Last name: _____
 Age: _____ Date of birth: _____ Last 4 digits of SSN (if none, type N/A) _____
 Email: _____ Phone #: _____
 Qualifying condition (Choose 1 condition from appendix A): _____

Medical cannabis cards are issued for 1 year. To issue the patient's medical card for less than 1 year, mark:
☐ 3 months or ☐ 6 months

Dosage form restrictions: (complete this section to limit which products they can buy)

- ☐ No flower - No unprocessed flower, finished cannabis, or shake.
- ☐ No vaping - No vape cartridges or pens. Unprocessed flower is allowed.
- ☐ No inhalation - No waxes, resins, other concentrates, or vapes. Unprocessed flower is allowed.
- ☐ No edibles - No gummies, lozenges or confections.
- ☐ No oral preparations - No syringes, oil, liquid suspensions, capsules, pills, gummies, lozenges, tinctures, oral sprays, confections or aerosols.
- ☐ No topical or transdermal products - No balms, bath products, lotions, salves or patches.
- ☐ No suppositories - No suppositories.

Monthly purchase limit: (choose 1)

- ☐ Up to state limit of 113 grams by weight of unprocessed cannabis flower and 20 grams of total composite THC in all other medical cannabis dosage forms.
- ☐ Limit to: _____ g/mg of unprocessed flower and/or _____ m/mg of THC composite.

Medical provider acknowledgment:

- ☐ the information provided in this form is true and correct.
- ☐ I have met in person with the patient identified in this form at least once.
- ☐ I have taken 4 hours of continuing education related to medical cannabis within the last 24 months.

Medical provider signature: _____ **Date:** _____

Medical cannabis pharmacy use only	Verification: Written / Verbal	Initials:	Date:
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Appendix A: Qualifying conditions as written in Utah Code 26B-4-203

- Acute pain
 - Pain that is expected to last for 2 weeks or less.
- Acquired immune deficiency syndrome (AIDS)
- Alzheimer's disease
- Amyotrophic lateral sclerosis (ALS)
- Autism
- Cachexia
- Cancer
- Crohn's disease
- Debilitating seizures
- Epilepsy
- Human immunodeficiency viruses (HIV)
- Hospice care
- Multiple sclerosis (MS)
- Nausea
 - Persistent nausea that isn't responsive to other treatments and is **not** related to pregnancy, cannabis-induced cyclical vomiting syndrome, or cannabinoid hyperemesis syndrome.
- Persistent and debilitating muscle spasms
- Persistent pain
 - Pain that lasts longer than 2 weeks and isn't managed with conventional medications other than opioids or physical interventions.
- Post-traumatic stress disorder (PTSD)
 - PTSD diagnosed or confirmed by a healthcare provider at the United States Veterans Administration (VA), psychiatrist, psychologist, licensed clinical social worker (LCSW), psychiatric APRN, or a PA with mental health training; and that is documented in the patient's medical record and is being treated and monitored by a licensed mental health therapist.
- Rare condition or disease
 - A rare condition or disease that affects less than 200,000 individuals in the United States, and is not adequately managed using conventional medications other than opioids or physical interventions.
- Terminal illness
 - A terminal illness with a life expectancy of less than 6 months.
- Ulcerative colitis
- Other condition
 - A condition that the Compassionate Use Board (CUB) approves.