

## Medical Provider Application for Verification of Medical Cannabis Card

Instructions: This application form is to be completed by a Utah-licensed medical provider seeking to verify the status of their patient’s medical cannabis card. It may be completed by a medical provider or by a medical provider’s support staff but the signature must be that of the medical provider. Please print this form, complete and sign it, scan it, and email it along with a scanned copy of your DOPL license and driver’s license to [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov). Allow up to 3 business days for completion of the verification process.

### Section 1: Patient Cardholder Information

Patient Name	
Guardian or Caregiver Name (If applicable)	
Medical cannabis card PAT ID (if available)	
Date of Birth	

I recommend releasing the patient’s medical cannabis purchase history released in addition to verifying their medical cannabis card: \_\_\_\_\_

### Section 2: Medical Provider Information

Medical Provider Name	
Utah DOPL professional license number	
Utah DOPL controlled substance license number	
Phone	
Email	
Mailing Address	

### Section 3. Affidavit

I certify that the patient named in Section 1 is my current patient and I authorize the Utah Department of Health to send verification of my patient’s medical cannabis card to me at the email address in Section 2. I certify that the information contained in this application is true and correct.

Medical Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Medical Provider Printed Name: \_\_\_\_\_