

Patient Medical Provider Release Form

I hereby have requested from Sanctuary Medicinals a release of my confidential information regarding the Massachusetts Medical Use of Marijuana patient data to be given to my certified medical provider. This data includes the following private information:

1. The strains of cannabis dispensed, including potency; and
2. The form of prepared cannabis or CIP dispensed.

Additional information to be released if provided by the patient includes:

1. Strains used and routes of administration as they relate to qualifying conditions and symptoms;
2. Any side effect experienced;
3. Therapeutic effectiveness; and
4. Overall satisfaction with the Massachusetts Medical Use of Marijuana Program.

Name (Please Print)

Signature

Patient ID Number

Date

Patient Certified Medical Provider

Patient Certified Medical Provider Phone Number

Patient Certified Medical Provider Email
