

# Ohio Medical Marijuana Recommendation



## **Legal Notice**

*This medical marijuana recommendation is in compliance with the 131st General Assembly HB523 Section 6 Ohio Medical Marijuana Control Program. This recommendation is valid after September 8<sup>th</sup>, 2016 until 60 days after the State Board of Pharmacy opens the Ohio Patient Registry.*

## **Required Physician Statement**

A bona fide physician-patient relationship exists between myself and the patient named below.

The patient has been diagnosed with a qualifying medical condition.

A request has been made from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the report.

I have informed the patient or the patient's parent or guardian of the risks and benefits of medical marijuana as it pertains to the patient's qualifying medical condition and medical history.

I have informed the patient or the patient's parent or guardian that it is my opinion that the benefits of medical marijuana outweigh its risks.

Qualifying Condition \_\_\_\_\_ ICD # (optional) \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## **Qualifying Condition List**

- (a) Acquired immune deficiency syndrome;
- (b) Alzheimer's disease;
- (c) Amyotrophic lateral sclerosis;
- (d) Cancer;
- (e) Chronic traumatic encephalopathy;
- (f) Crohn's disease;
- (g) Epilepsy or another seizure disorder;
- (h) Fibromyalgia;
- (i) Glaucoma;
- (j) Hepatitis C;
- (k) Inflammatory bowel disease;
- (l) Multiple sclerosis;
- (m) Pain that is either of the following:
  - (i) Chronic and severe;
  - (ii) Intractable.
- (n) Parkinson's disease;
- (o) Positive status for HIV;
- (p) Post-traumatic stress disorder;
- (q) Sickle cell anemia;
- (r) Spinal cord disease or injury;
- (s) Tourette's syndrome;
- (t) Traumatic brain injury;
- (u) Ulcerative colitis;

## **Required Patient Information**

Patient Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ ( Parent or guardian if patient is a minor )

Relationship - if the signer is not the patient, circle either ( Parent or guardian )

Parent or guardian name (print) \_\_\_\_\_ ( Required if signer is not the patient )

Ohio Address \_\_\_\_\_

## **Expiration Notice**

This recommendation expires 60 days after the Ohio Board of Pharmacy opens the Patient Registry.

## **Law Enforcement Notice**

*This recommendation is in compliance with Section 6 of HB523 passed by the 131st Ohio General Assembly, signed by Governor Kasich on June 8<sup>th</sup> 2016.*