

Patient Treatment Agreement: Medical Cannabis

I, _____ understand that I will be receiving a medical document from prescriber _____ which will authorize me to purchase cannabis (marihauna, marijuana) for a medical purpose.

I agree to the following:

- a) I will not seek to obtain a medical document to authorize me to purchase cannabis from any other prescriber during the period for which the cannabis is authorized;
- b) I will utilize the cannabis as authorized in the medical document and I will not use the cannabis is larger amounts or more frequently than is authorized in the document;
- c) I will not give or sell the prescribed cannabis to anyone else, including family members;
- d) I will store the cannabis in a safe place;
- e) I will not use recreational cannabis while I am using authorized medical cannabis.
- f) I will only use dried medical cannabis by vaporizing and will not smoke it.
- g) I understand that if I break any of the conditions, my prescriber _____ may refuse to provide any further medical authorization to purchase cannabis.

Patient's Signature

Date