

Center for Professional Licensing. Medical Marijuana Program

3 Capitol Hill, Room 105A Providence, RI 02908-5097 401-222-3752 - www.health.ri.gov/hsr/mmp

401-222-3732 - www.nearm.m.gov/nsi/mmp

Practitioner Written Certification Form

Please enter your name, date of birth, and phone number. Ask your practitioner to complete all other sections of this form in order to comply with the requirements of the Rhode Island Medical Marijuana Act. Please upload this form to your account in the online portal.

Patient name, date of birth	
and phone number:	Full Name Birth Month Birth Day Birth Year Phone
The remainder of this form must be completed by the attending practitioner.	Full Name License Number Address (Apartment/Suite/Room Number, etc.)
Practitioner name, license number and address	Address (Number and Street) City State ZIP Code Phone Email
☐ Cancer or the ☐ Glaucoma or ☐ Positive statu ☐ AIDS or the t ☐ Hepatitis C o A chronic or debilit Check all appropria ☐ Cachexia or g ☐ Severe, debil ☐ Severe nausg ☐ Severe and p ☐ Crohn's disea ☐ Agitation rela ☐ Post Tramati	wasting syndrome litating chronic pain-(specify) ea cluding but not limited to, those characteristic of epilepsy bersistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis (MS) or
Spectrum Dis	sorder Diagnosis f this diagnosis is checked.) a Rhode Island practitioner who is licensed with authority to prescribe drugs pursuant to chapter 37, chapt
37, and 54 of title 5 of dititioner-patient relation we-named patient hat gate the symptoms of ical use of marijuana	or a physician licensed with authority to prescribe drugs in Massachusetts or Connecticut. I have a conship with the qualifying patient and have completed a full assessment of the patient's medical history. The seen diagnosed with a debilitating medical condition as listed above. Marijuana used medically may be reffects of this patient's condition. Further, it is my professional opinion that the potential benefits of the a would likely outweigh the health risks for this patient.
37, and 54 of title 5 of titioner-patient relati- ve-named patient hat gate the symptoms of lical use of marijuana is patient is eligible	or a physician licensed with authority to prescribe drugs in Massachusetts or Connecticut. I have a onship with the qualifying patient and have completed a full assessment of the patient's medical history. The seen diagnosed with a debilitating medical condition as listed above. Marijuana used medically may or effects of this patient's condition. Further, it is my professional opinion that the potential benefits of the