



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES**

Medical Use of Marijuana Program

Physician Certification

Must be on Tamper Resistant Paper

SECTION 1: Physician Information

Name:			
DEA Number:	Indicate if M.D. or D.O.:	Telephone No.: ()	
Street Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:

SECTION 2: Patient Information

Name:			Date of Birth:
Address (According to Physician's Records):			
City:	State:	Zip:	County:

SECTION 3: Expiration

Date of expiration of certification (12 months from date of physician's signature):

SECTION 4: Declaration

It is the responsibility of the certifying physician to ensure that the diagnosis for each patient is allowable under the MMMP statute. §2422. Definitions. 2. Debilitating medical condition.

For more information, go to our website listed below:

<http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

Evidence of your assessment, diagnosis and treatment of the condition for which you certify this patient for the use of medical marijuana must be found in the patient's medical record. By signing this form, you certify that you are the physician for the above-named patient, and have a bonafide physician/patient relationship. Based on your assessment, diagnosis and treatment of this patient, it is your conclusion that the applicant may benefit from the medical use of marijuana and has a qualifying debilitating condition. You agree to monitor the patient's medical condition. You agree you have cautioned this patient not to engage in hazardous activities while under the influence of marijuana.

Print name of physician	Signature of physician	Date
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For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Maine Medical Use of Marijuana Program
41 Anthony Ave
11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-4325 Fax: (207) 287-2671
Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: medmarijuana.dhhs@maine.gov