



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
 Bureau of Business Management
Medical Use of Marijuana Program
Patient Transaction Log

Minors and Visiting patients must complete designation forms

Section 1: Caregiver Information	
Caregiver Name:	
DBA/LLC if applicable:	
Dispensing address:	City:

Section 2: Patient Information/Transaction Log					
Current Photo ID	Patient certification #	Strain	Amount <small>Up to 2.5 ounces</small>	Time	Date

This form is a tool for guidance and is not mandatory at this time.