



STATE OF MAINE
Office of Marijuana Policy
Medical Use of Marijuana Program
Patient Transaction Log

Minors must complete designation forms.

Section 1: Caregiver Information

Registered Caregiver Name:

DBA/LLC if applicable:

Dispensing/Retail address:

City:

Section 2: Patient Information/Transaction Log

License/Photo ID	Patient Certification Random ID Number	Medicine Type/Form	Amount (Up to 2.5 ounces.)	Time	Date

This form is provided as a sample and courtesy to registered caregivers, registered dispensaries, marijuana testing facilities and product manufacturing facilities to assist them in complying with the record keeping requirements of 22 M.R.S. §2430-G.

The use of this form is not required; however, the information requested must be maintained in some form by program registrants.