

# Medicinal Cannabis User Declaration



This statement shows that the patient uses cannabis for medicinal reasons and is signed by his/her healthcare provider with registration.

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Zip-code/City \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
ID-number \_\_\_\_\_

Patient uses cannabis for:

\_\_\_\_\_

Patient uses \_\_\_\_\_ grams a day.

Cannabisstrains: \_\_\_\_\_

Dossage forms: \_\_\_\_\_

I, the undersigned, healthcare provider declares to be familiar and to agree to the medicinal use of cannabis in support of the current treatment or as an alternative application where other (regular) drugs do not meet or shows side effects. There will therefore be a user inventory be present. The use declares a any positive THC-measurement, even hours and days after the intake.

Name ..... Stamp healthcare provider :  
City .....  
Signature .....  
Date .....  
Registration nr .....