MEDICAL MARIJUANA PROGRAM

PHYSICIAN RECOMMENDATION ORDER FORM

NOTE: Physician Recommendation Forms are only used to recommend medical marijuana to patients; the form is not a prescription. Patients seeking medical marijuana will not be allowed to register for the Medical Marijuana Program without a physician recommendation.

Instructions: It is highly recommended that forms are sent in a way that ensures receipt of delivery. Fill out “Physician Recommendation Order Form” completely and mail, fax, or email to:

MAIL: DC Medical Marijuana Program
899 North Capitol St NE, 2nd Floor
Washington, DC 20002
FAX: 1-877-862-4252
EMAIL: doh.mmp@dc.gov

Physician Information

____________________________________________________________________________________________________________
First Name                                                                       Middle Initial                                                  Last Name
____________________________________________                ________________________________
Specialty/area of clinical practice                                                   DC Medical License Number
____________________________________________________________________          (_____)___________________________
Street                                                                                   Apt/Suite                                       Phone Number
          ____________________________________                            __________________________________
City                                                          State               Zip Code                                           Email Address

# of Individual Recommendation Forms Requested

☐ 10                              ☐ 25                              ☐ 50

Note: please allow 5-7 business days to receive recommendation forms. Only physicians can sign for recommendation forms upon delivery. Upon receiving forms, verify that the packing slip matches the shipped contents.

Physician’s Printed Name ____________________________________________________________

Physician’s Signature ____________________________________            Date of Signature ____________________

The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia’s law authorizing the District’s medical marijuana program will not excuse any person from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.