



Government of the District of Columbia
 Department of Health
 Health Regulation & Licensing Administration



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		
Business Address			
Street		Apt/Suite	(____) _____ Phone Number
City	State	Zip Code	Email Address
# of Individual Recommendation Forms Requested			
<input type="checkbox"/> 10	<input type="checkbox"/> 25	<input type="checkbox"/> 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.