

PHYSICIAN SIGN OFF**Creation Date**

10/15/2019

PATIENT INFORMATION

Last Name	First Name	Middle Name	Sex
Dave	F	Smith	Male
Patient ID#	Drivers Lic. or State ID	Date Of Birth	Age
1398314	345345	1970-12-12	49
Contact Method	Phone	Email	
Email	323-283-3266	kioskcondo@gmail.com	

ADDITIONAL NOTES

The patient DAVE SMITH, has been evaluated under my medical care and reports to me that using marijuana helps to relieve their symptoms. I have evaluated the risk and benefits of cannabis use as a treatment pursuant to Statute: Statute: California Health and Safety Code 11362.7 -11362.83, otherwise known as Medical Use of Marijuana

Physician: Mike Smith MD**Email:** verifymcphysician@gmail.com**License#** C39296**Signature:****I.P. Address:** 23.241.93.42**Date:** 10/15/19**Time:** 01:53 am