

PATIENT RECOMMENDED DOSAGE
Creation Date

07/19/2019

PATIENT INFORMATION

Last Name	First Name	Middle Name	Sex
Sample	John		Male
Patient ID#	Drivers Lic. or State ID	Date Of Birth	Age
1384884	454545	1964-11-17	55
Contact Method	Phone	Email	
Email	323-989-7654	samuel@gmail.com	

RECOMMENDED DOSAGE

Category	Times Per Day	MG	Methods
CBD + THC	3	10	Topical, Sublingual, Oral
CBD (No THC)	4	10	Edible, Vape Inhalation

RECOMMENDATION + CERTIFICATION

Category	Length
Rec Days	90
Cert Days	180

ADDITIONAL NOTES

Start with current recommendation and each week increased by 2 mg for each recommendation until desired effect is achieved.