



Maine Medical Cannabis Certification Patient Registration Form

We text. Trouble Texting? Call 207.313.9335
MAPLE VALLEY PHARMS PLEASE WRITE LEGIBLY

NEW APPLICATION

RENEWAL

REPRINT

Phone: (___ ___ ___) ___ ___ -- ___ ___ ___ Date of Birth: ___ ___ / ___ ___ / ___ ___ ___

First Name: _____

Last Name: _____

CURRENT Mail Address including Apt # if any: _____

City: _____ Zip Code: _____

State: **Maine (ONLY)**

Email: _____

Patient Agreement/Consent: I will disclose all information regarding my medical and behavioral health condition(s). I agree to provide supporting documents pertaining to my medical condition(s) if requested. I consent to a VIDEO telemedicine evaluation via Doxy.ME by the Nurse Practitioner to be certified for the medical use of cannabis. I acknowledge that it is my sole responsibility to schedule and participate in any follow up during my 6th month of treatment if desired.

Cost includes telemedicine evaluation by Certified Nurse Practitioner, Medical Cannabis Certification Card expiring in one year, any required diagnosis letter, free card replacement if lost or damaged and optional six-month telemedicine follow up.

Signature: _____

Please CALL **207.313.9335** if you have not heard from MMCC staff within 5 (five) minutes.

- Complete and sign the form.
- Place your State of Maine photo ID in this oval space.
- Text a picture of the form and ID to 207.313.9335
- MMCC Staff: Will text you the Doxy Waiting Room Link