**Consent for Limited Treatment**

This visit is limited to an evaluation of your health/medical condition for purposes of Medical Marijuana Certification. The doctor is evaluating you based on medical records and medical examination, and is relying on you to provide truthful, accurate information. If you wish to be evaluated or treated for another condition, you will need to make a separate appointment and pay a separate fee for that evaluation.

You understand and agree that the doctor is not providing care for your condition at this visit, which is limited to certification only.

The doctor is not prescribing marijuana nor any other medication or treatment for you. The doctor is not referring you to any specific dispensary; you are free to go to any dispensary, once you have a card.

Consent: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand this

(Print your name)

consent form and agree to the evaluation. This consent may be withdrawn at any time.

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Signature of Patient Date