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MINNESOTA MEDICAL CANNABIS RECOMMENDATION LETTER

Expiration date: One-year from date of issue.

This document is proof that the certifying provider is a licensed health care provider in the State of Minnesota for the above patient. Based on the state's guidelines, the patient has provided proof of the qualifying conditions and together with the provider's assessment, it is the providers' professional decision and recommendation that the patient is likely to benefit from the use of Medical Cannabis.

We will continue to monitor client's certified medical condition in collaboration with client's current providers. We have also discussed the potential risks and benefits of the Medical Cannabis use.

The provider recommends the use of Medical Cannabis with the following conditions, guidelines and cautions:

1. Do **NOT** use the medication with alcohol or any other mind-altering medications.
2. Use the smallest amount possible to relieve the symptoms of the certified condition.
3. Medical Cannabis can cause physical or mental impairment.
4. Do **NOT** drive, operate machinery, or engage in any activity which requires mental and physical alertness while on the cannabis. Know how the medications affects your mental and physical alertness.
5. Use discretion when using Medical Cannabis, respect the rights of other and the laws governing the use of Medical Cannabis.
6. Please use the medication as recommended by the pharmacist, before changing the dosage, have a discussion with your pharmacist.
7. If pregnant, please STOP medication and have a discussion with OBGYN and Certifying Provider.

This letter of recommendation is a permanent and confidential part of the patient's medical records. Assured health can be contacted to verify the contents of this letter.

Patient Name:

Patient Signature

Date

Walter O. Nyabere, MD/NP Signature

Date