Canna Express

A California Nonprofit Mutual Benefit Corporation

Confidential Patient and Primary Caregiver Registration Form

The information on this form is confidential and will never be provided to any other person, agency or organization.

☐ **I am a patient**.

☐ **I am a primary caregiver for patient** _____.

☐ **I am designating a primary caregiver as per California Health and Safety Code Section 11362.5.**
Please complete the Designation of Primary Caregiver form. Your primary caregiver should keep a copy of the Designation of Primary Caregiver form and the physician's recommendation as proof of his or her status as a primary caregiver.

Name _____
First Middle Initial Last

Address, Phone Number and Email Information.

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____)_____

Email _____

State or County Medical Cannabis Identification Card Number _____

Medical cannabis recommendation issued by:

Physician _____ Recommendation expiration date _____

Physician phone number (_____)_____ Physician license number _____

I have read and understand the Canna Express Membership Agreement and Facility Guidelines. I agree to abide by the rules, regulations, terms and conditions. I understand that my membership may be revoked for violation of the rules, regulations, terms and conditions. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

I authorize my recommending physician to verify his or her recommendation or approval for my use of medical cannabis.

_____
Member's Signature Date

Staff use only. Intake staff _____ **Date** _____

☐ Date of birth on California Driver License or California Identification Card _____

☐ Verified physician recommendation.

☐ Made copy of physician recommendation.

☐ Provided copy of Canna Express Membership Agreement and Facility Guidelines.