



Maryland Cannabis Physicians, LLC

Your patient has requested a consultation from one of our doctors at Maryland Cannabis Physicians, LLC. Could you please fax back the most recent information related to the condition listed below including:

- Relevant Primary care doctors progress notes
- Specialist consultation notes
- Imaging tests

Thank you for your cooperation and your time. Have a wonderful day!

Reason for Consultation:

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I do hereby consent and authorize the release of my medical records to Maryland Cannabis Physicians, LLC for the purpose of evaluation for medical cannabis eligibility.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_