



New Mexico Department of Health
Medical Cannabis Program – Medical Provider Certification for Patient Eligibility

Attention Physicians and Patients:

Any Medical Doctor, Doctor of Osteopathy or Family Nurse Practitioner who can prescribe medication in New Mexico can also write a recommendation for medical cannabis.

Provider Name: _____ Date: _____

Address & Telephone Number: _____

Provider Clinical Licensure: [] Medical Doctor [] Doctor of Osteopathy [] Family Nurse Practitioner

Patient Name: _____ Patient Date of Birth: _____

Patient Social Security Number: _____

Medical Reason for Provider Certification

- [] Cancer [] Glaucoma [] Multiple Sclerosis [] Epilepsy [] Hospice Care* [] HIV/AIDS
[] Spinal Cord Damage with Intractable Spasticity [] Painful peripheral neuropathy
[] Intractable nausea/vomiting [] Severe anorexia/cachexia [] Amyotrophic Lateral Sclerosis
[] Hepatitis C infection currently receiving antiviral treatment [] Crohn's disease

[] Post-traumatic stress disorder (the diagnosis of PTSD must be based upon the evaluation of a psychiatrist licensed in the State of New Mexico, and documentation of the diagnosis must be included with this form)

[] Severe Chronic Pain (this must be accompanied by two referrals, one from a primary care provider and a second from a specialist).

*If in Hospice Care, please specify medical reason for participation in hospice: _____

Please provide written certification below pursuant to the Lynn & Erin Compassionate Use Act of 2007, certifying the aforementioned patient has a debilitating medical condition and the potential health benefits of the medical use of marijuana would likely outweigh health risks for the patient:

The New Mexico Department of Health, Medical Cannabis Program will verify the information contained in this application within 30 days of its receipt. Verification of medical information may include, with patient consent, examination of medical records documenting the patient has a current diagnosis of a debilitating medical condition, by a clinician licensed to practice medicine in the State of New Mexico, as defined in Section 3 of the Lynn & Erin Compassionate Use Act of 2007.

By signing below you are certifying patient eligibility for enrollment in the New Mexico Department of Health Medical Cannabis Program and agreeing to have patient medical records audited as necessary.

Medical Provider Signature: _____

Date: _____

NMDOH USE ONLY

[] Approved _____ [] Not Approved _____
Date Date

Medical Director Signature: _____
MM/dvz-05-11-09

MCP – 62007-002