

THCF Medical Clinics

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The Hemp and
Cannabis Foundation
THCF Medical Clinics

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Documentation of Medical Authorization to Possess Marijuana for Medical Purposes in the state of Washington

The text of this form was recommended by the Washington State Medical Association.

Patient Name: Jeffrey Roetter Date of Birth: 11/25/76

I, Thomas Orvald, am a physician licensed in the State of Washington. I am treating the above named patient for a terminal illness or a debilitating condition as defined in RCW 69.51A.010. I have advised the above named patient about the potential risks and benefits of the medical use of marijuana. I have assessed the above named patient's medical history and medical condition. It is my medical opinion that the potential benefits of the medical use of marijuana would likely outweigh the health risks for this patient.

Signature of Physician: Thomas O. Orvald, MD
Thomas O. Orvald, MD WA license # MD 00016180

Today's Date: November 12, 2009 Expiration Date: November 12, 2010

Risks and benefits of medical marijuana:

Under Washington state law, the use of medical marijuana is now permissible for some patients with terminal or debilitating illnesses. The law (RCW 69.51A) regulating this allows physicians to advise patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial in the medical community. Not all health care providers believe that medical marijuana is safe or effective and some providers feel that it is a dangerous drug.

According to the Washington state law the benefits of medical marijuana may include treating nausea and vomiting from chemotherapy; AIDS wasting syndrome; severe muscle spasms from multiple sclerosis or other spasticity disorders; glaucoma; and some types of intractable pain.

DESIGNATED PROVIDER AUTHORIZATION
Pursuant to the Washington Medical Marijuana Act RCW 69.51A

Patient Name:

NEFF ROSTER

Designated Provider Name:

Bryan Gabriel

Address:

Po Box 224
Snoqualmie, Wa. 98065

Address:

3544 SE Kelsey St
Snoqualmie Wa 98065

AGREEMENT

The above named patient hereby authorizes the above named Designated Provider as his/her legally recognized Designated Provider as stipulated under RCW 69.51A and this document is a legally binding contract between the parties. The patient hereby authorizes the Designated Provider to obtain, grow, secure, prepare, repackage and transport medical marijuana for the patient. This agreement further authorizes the Designated Provider to obtain, secure and transport any other medications recommended or prescribed by the Patients medical providers.

This agreement becomes effective upon execution by the patient and expires upon either the patient's written revocation of the agreement by the patient, or upon the patient's death.

This authorization is exclusive to, and solely valid within, the legal boundaries of the State of Washington.

This agreement is not transferable, assignable, or otherwise extended to assignees or designates.

The patient agrees to defend and hold harmless the Designated Provider and gives full authority to the Designated Provider to carry out the actions specified herein. I further testify that I am of sound mind at the time of this agreement and have been given an opportunity to review this document prior to signing and authorizing the power described herein.

PATIENT SIGNATURE:

[Handwritten Signature]

DATE:

9-5-09

DESIGNATED PROVIDER SIGNATURE:

[Handwritten Signature]

DATE:

9-5-09