



THE TREE HOUSE CLINIC

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PHYSICIAN'S STATEMENT

Certification of Medical Need for use of Marijuana

I certify that: _____ was evaluated by me, Robert I. Boorstein, D.O., for one or more medical conditions in reference to his /her need for medicinal marijuana (cannabis) qualifying with valid diagnoses for use under Michigan law. The patients' medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medical marijuana. I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition/s and to provide advice on his/her progress at least annually. I have discussed the potential risks and contraindications of marijuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, heavy machinery or engage in any activity that requires alertness while using medical marijuana. I have advised this patient of the MMMA law requirements for re-evaluations.

This is a medical certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider. I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to be used or applied under Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marijuana is illegal.

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on the safe and prudent use of medicinal marijuana (cannabis). I understand that it is my responsibility to insure that medical records supporting my use of medical marijuana have been reviewed by Dr. Boorstein and are on file at his office. I further understand that it is my responsibility to comply with the doctor's orders for periodic re-evaluations as required by State law.

IT IS THE PATIENTS RESPONSIBILITY TO DISCLOSE ANY EXISTING MEDICAL OR LEGAL MATTERS AND/OR SITUATION TO THE CERTIFYING PHYSICIAN THAT COULD AFFECT THE CERTIFICATION PROCESS, INCLUDING BUT NOT LIMITED TO DRUG OR ALCOHOL ISSUES, PROBATION, RECENT ARRESTS, COURT APPEARANCES, DISCIPLINARY ACTIONS, UNPAID TRAFFIC FINES, ETC.

Patient Signature: _____ Date: _____

Dr. Signature: _____ Date: _____