



VERIFICATION CHECKLIST

Table with 3 columns: FAXED TO/DATE, Patient Name, Date of Birth. Includes fields for Doctor's Name, Fax Number, Date Faxed, Patient's Name, and Patient's Date of Birth.

Initial the following attestations identified for this patient: Determined by Office of Medical Marijuana

PHYSICIAN VALIDATION

Table with 2 columns: Number (1-5) and Description of physician validation steps. Includes fields for initials and specific details like patient history and treatment duration.

