

Exemption Request Form



TO BE COMPLETED BY PATIENT

What types of products/routes are you using.

- ☐ Inhalation - vapes, concentrates like wax, rosin, shatter, kief etc.
- ☐ Edibles - gummies, chocolates, cookies
- ☐ Oral - tincture oils, capsules, distillate syringes, RSO
- ☐ Sublingual - tincture oils, RSO, lozenges, mints, drink mixes, distillate syringes
- ☐ Topical - patches, RSO, lotions, distillate syringes
- ☐ Smokable - whole flower, ground flower, prerolls

What route(s) are you requesting the exemption form for?

- ☐ Inhalation - vapes, concentrates like wax, rosin, shatter, kief etc.
- ☐ Edibles - gummies, chocolates, cookies
- ☐ Oral - tincture oils, capsules, distillate syringes, RSO
- ☐ Sublingual - tincture oils, RSO, lozenges, mints, drink mixes, distillate syringes
- ☐ Topical - patches, RSO, lotions, distillate syringes
- ☐ Smokable - whole flower, ground flower, prerolls

How often do you use your products? (select only one option)

- ☐ Once daily ☐ Twice daily ☐ Every few hours ☐ Other

How much product do you use at a time? _____

Please explain your current regimen below. _____

What about this route or product is better for you? _____

Why do you choose it over other products? _____

How do you feel this increase will better your treatment options? _____

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INTERNAL STAFF USE ONLY

What are the 70-day Aggregate milligrams? _____

What are the 70-day milligrams for the following

Oral _____ Edibles _____ Topical _____ Sublingual _____ Inhalation _____

What is the first available date to purchase? _____

What are the 35-day oz for smoking route? _____

What is the first available date to purchase? _____

How often are the patients purchases?

☐ Daily ☐ Twice Weekly ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Less than Monthly

What is the average milligram purchased? _____

Patient Confirmations

☐ Confirm that patient is aware of other routes and onset times and/or durations.

☐ Confirm the patient is aware it is illegal to share or sell any of their product to anyone, including another patient.