

InteCare Medical Clinic  
InteCare, Inc.  
530 E Dayton Yellow Springs Rd  
Fairborn, OH 45324  
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Treating Physician's Permission for their patient to integrate Medical Marijuana Treatment

I request permission from my substance use disorder treating Physician to integrate Medical Marijuana Treatment into my current treatment plan. I authorize the release of this HIPPA protected information to InteCare Medical Clinic.

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(Patient, parent, legal guardian, date)

I agree to my patient integrating medical marijuana into their current treatment plan.

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Treating Physician's signature, date