

Marla D. Golden, D.O., PA
6817 Southpoint Parkway, Suite 1404
Jacksonville, FL 32216
(904) 260-1070 Office | (904) 260-1170 Fax

Patient Demographic and Insurance Intake Form

Last Name: _____ First Name: _____ MI: _____
DOB: _____ SS#: _____ Sex: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail: _____ @ _____ Referred by: _____
Primary Care Physician Name and Phone: _____
Pharmacy Name and Phone: _____

Insurance Information

Primary Insurance Co: _____ ID #: _____ Grp #: _____
Secondary Insurance Co: _____ ID #: _____ Grp #: _____
Policy Holder name: _____ ID #: _____
Policy Holder DOB: _____ Policy Holder Address: _____
Policy Holder SS #: _____ Policy Holder Sex: _____ Copay Amount: _____

Patient Authorization

I authorize the release of any medical information necessary to process any claim. I authorize payment of medical benefits to the physician for services rendered.

Patient Signature: _____ Date: _____
Parent/Guardian Signature (if minor): _____ Date: _____

Managed Care / HMO Patients

I understand that it is my responsibility to obtain a valid referral from my primary care physician. I understand that if I do not obtain or have a referral on file that I may be held financially responsible for services received. I further understand that I am responsible for services that are considered non-covered expenses by my insurer.

Patient Signature: _____ Date: _____
Parent/Guardian Signature (if minor): _____ Date: _____

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Medical Cannabis Pre-Screening Application

Complete this form to find out if you qualify for a Florida Medical Marijuana certification visit.

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Home Address: _____

Email Address: _____@_____.com

Primary Telephone Number: _____

Your Diagnosed Condition(s) (select all that apply):

- | | | |
|--|--|---|
| <input type="radio"/> ADHD | <input type="radio"/> Fibromyalgia | <input type="radio"/> Parkinson's Disease |
| <input type="radio"/> ALS (Lou Gehrig's) | <input type="radio"/> Glaucoma | <input type="radio"/> Post-Traumatic Stress Disorder (PTSD) |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Hepatitis C | <input type="radio"/> Radiation Therapy Side Effects |
| <input type="radio"/> Anorexia | <input type="radio"/> HIV/AIDS | <input type="radio"/> Restless Leg Syndrome |
| <input type="radio"/> Anxiety | <input type="radio"/> Inflammatory Bowel Disease | <input type="radio"/> Rheumatoid Arthritis |
| <input type="radio"/> Arthritis | <input type="radio"/> Insomnia | <input type="radio"/> Seizures |
| <input type="radio"/> Cancer | <input type="radio"/> Irritable Bowel Syndrome | <input type="radio"/> Severe Nausea |
| <input type="radio"/> Chronic Pain | <input type="radio"/> Lyme Disease | <input type="radio"/> Sickle Cell Anemia |
| <input type="radio"/> Cerebral Palsy | <input type="radio"/> Migraine Headaches | <input type="radio"/> Spinal Cord Injury |
| <input type="radio"/> Chemo Side Effects | <input type="radio"/> Multiple Sclerosis | <input type="radio"/> Tardive Dyskinesia |
| <input type="radio"/> Crohn's Disease | <input type="radio"/> Muscle Spasms | <input type="radio"/> Tourette's |
| <input type="radio"/> Dementia | <input type="radio"/> Muscular Dystrophy | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Depression | <input type="radio"/> Myasthenia Gravis (MG) | <input type="radio"/> Ulcerative Colitis (UC) |
| <input type="radio"/> Diabetes | <input type="radio"/> Neuropathy | |
| <input type="radio"/> Dystonia | <input type="radio"/> Osteoarthritis | |
| <input type="radio"/> Endometriosis | | |
| <input type="radio"/> Epilepsy | | |

*While only Florida residents are eligible, seasonal residents ("snowbirds") may qualify if they temporarily reside in Florida for 31 consecutive days a year and are registered to vote or pay income tax in another state. By completing this form, you acknowledge that Marla D. Golden, D.O., PA may contact you via telephone and/or email.

Signature of Patient: _____ Date: _____

Signature of Caregiver: _____ Date: _____

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Patient History

PATIENT NAME: _____

DATE: _____

PLEASE CHECK ALL THAT APPLY

☐ Stroke
☐ Hypertension
☐ Arrhythmia
☐ Heart Attack/MI

☐ Mitral Valve Prolapse
☐ Pacemaker
☐ Emphysema/COPD
☐ Pneumonia
☐ Seizures
☐ Depression
☐ Meningitis/Encephalitis
☐ Bipolar Disorder
☐ Hepatitis Type: _____
☐ Cirrhosis
☐ Cancer: _____
☐ Ulcer Disease
☐ GERD (acid reflux/heartburn)

☐ Hiatal Hernia
☐ Inflammatory Bowel Disorder
☐ Crohn's Disease
☐ Osteoarthritis
☐ Rheumatoid Arthritis
☐ Diabetes
☐ Lupus/Scleroderma
☐ Hypothyroid/Graves
☐ Crohn's Disease

PREVIOUS PAIN MANAGEMENT

☐ Massage
☐ Biofeedback
☐ Injections
☐ Physical Therapy
☐ Chiropractor
☐ Acupuncture

Prostate Problems _____
Interstitial Cystitis _____
Endometriosis _____
Peripheral Vascular Disease _____
Blood Clots/Location: _____
Fibromyalgia _____
Kidney Disease _____
Neuropathy _____
CRPS/(RSD) _____
Other: _____

SOCIAL HISTORY

Tobacco _____ PPD _____ Years _____
Alcohol _____ Type _____ Amt _____ Yrs _____
Recreational Drugs _____ Type _____ Yrs _____

Current Occupation _____
Partially Disabled _____ % _____
Totally Disabled _____
Pre-Disability Occupation _____
Living Situation _____

FAMILY HISTORY

PERTINENT SURGICAL HISTORY

ALLERGIES: _____

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Review of Systems

PATIENT NAME: _____

DATE: _____

Please circle what applies:

Constitutional

No constitutional symptoms Fever night sweats weight loss fatigue poor appetite

Respiratory

No respiratory symptoms Shortness of breath cough wheezing bloody sputum

Female Reproductive

No female reproductive symptoms abnormal periods vaginal bleeding vaginal discharge pain with intercourse decreased libido

Psychiatric

No psychiatric symptoms depression anxiety nervousness agitation

Eyes

No eye symptoms blurry vision eye pain itchy eyes redness

Allergy

No allergy symptoms excessive sneezing frequent infections frequent colds

Constitutional

No constitutional symptoms Fever night sweats weight loss fatigue poor appetite

Male Reproductive

No male reproductive symptoms penile discharge testicular pain or mass erectile dysfunction decreased libido

Endocrine

No endocrine symptoms excessive urination excessive thirst cold intolerance heat intolerance

Cardiovascular

No cardiovascular symptoms chest pain "smothering" at night irregular heartbeat racing heart exercise intolerance

Urinary

No urinary symptoms frequent urination difficulty initiating dribbling reduction in flow pain with urination

Musculoskeletal

No musculoskeletal symptoms muscle pain joint pain joint swelling joint deformity

Blood

No blood symptoms enlarged lymph nodes easy bruising prolonged bleeding

ENT

No ENT symptoms hearing loss ear pain ringing nosebleeds runny nose facial pain sore throat hoarseness difficulty speaking

Neurologic

No neurologic symptoms weakness numbness frequent headache confusion fainting spells seizures tremor

Gastrointestinal

No GI symptoms indigestion bloating abdominal pain difficulty swallowing nausea or vomiting vomiting blood
constipation diarrhea rectal bleeding dark, tar-like stool light, clay-like stool

Skin

No skin symptoms rash fingernail changes toenail changes itching abnormal pigment edema (fluid)

Medical Marijuana Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

a. The Federal Government's classification of marijuana as a Schedule I controlled substance.

_____ The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.

_____ When in the possession of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

b. The approval and oversight status of marijuana by the Food and Drug Administration.

_____ Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other federal oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

c. The potential for addiction.

_____ Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact Dr. Marla Golden (name of qualified physician).

d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

_____ The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of vehicular accident, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."

e. The potential side effects of medical marijuana use.

_____ Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

_____ I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

_____ I agree to contact Dr. Golden if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact Dr. Golden if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

f. The risks, benefits, and drug interactions of marijuana.

_____ Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

_____ Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact Dr. Golden immediately or go to the nearest emergency room.

_____ Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences.

I agree to follow the directions of Dr. Golden regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

_____ Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact Dr. Golden immediately or go to the nearest emergency room if these symptoms occur.

_____ I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. Golden if I become pregnant, try to get pregnant, or will be breastfeeding.

g. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

_____ **Cancer**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.

There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

- There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

_____ **Epilepsy**

- There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

_____ **Glaucoma**

- There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.

Lower intraocular pressure is a key target for glaucoma treatments. Non-randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

_____ **Positive status for human immunodeficiency virus**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

_____ **Acquired immune deficiency syndrome**

- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

_____ **Post-traumatic stress disorder**

- There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder.

A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

_____ **Amyotrophic lateral sclerosis**

- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.

Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

_____ **Crohn's disease**

- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.

Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.

_____ **Parkinson's disease**

- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia.

Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

_____ **Multiple sclerosis**

- There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

_____ Medical conditions of same kind or class as or comparable to the above qualifying medical conditions

- The qualifying physician has provided the patient or the patient's parent or legal guardian a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.
- The summary is attached to this informed consent as Addendum_____.

_____ Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification

- The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.
- The summary is attached to this informed consent as Addendum_____.

_____ Chronic nonmalignant pain

- There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.

The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.

While the use of cannabis for the treatment of pain is supported by well-controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

h. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.

_____ The Department of Health submits a data set to The Medical Marijuana Research and Education Coalition for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

_____ I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I

acknowledge that Dr. Golden has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

Dr. Golden also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Golden informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

Dr. Marla D. Golden has explained the information in this consent form about the medical use of marijuana.

Patient (print name) _____

Patient signature or signature of the parent or legal guardian if the patient is a minor:

_____ Date _____

I have explained the information in this consent form about the medical use of marijuana to _____ (Print patient name).

Qualified physician signature:

_____ Date _____

Witness:

_____ Date _____

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MEDICAL CANNABIS PATIENT GUIDE

2019

OVERVIEW

Marla D. Golden, D.O. provides evaluation, certification, and dosing/treatment management of qualified patients who meet the State of Florida legal requirements for receiving medical cannabis. The State of Florida has strict regulations for low-THC and THC-containing medical cannabis. We've provided a detailed guide to help you understand and navigate these regulations and legal requirements if you are looking to use medical cannabis as a treatment option for your medical condition.

ELIGIBILITY

Dr. Golden is committed to providing our patients with the best treatment options, while also maintaining compliance with the legal requirements of medical cannabis. This information guide will be updated periodically, as the State of Florida continues to modify regulations surrounding medical cannabis.

Based on our understanding of the current medical cannabis statute, a legal Florida resident may be certified to use medical cannabis only if all of the following criteria are met:

A Qualifying Medical Condition

The patient must have a diagnosis of at least one of the following medical conditions:

- Cancer
- Epilepsy
- Glaucoma
- HIV
- AIDS
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis (ALS)
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis (MS)
- Medical conditions of the same kind or class as or comparable to those above
- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- Chronic nonmalignant pain caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

Florida Amendment 2 allows physicians to provide a medical cannabis certification to a patient that has been diagnosed with “conditions of the same kind or class.” When debilitating, these conditions may include:

- ADHD
- Anorexia
- Anxiety
- Arthritis
- Chronic Pain
- Chemotherapy Side Effects
- Depression
- Dystonia
- Fibromyalgia
- Inflammatory Bowel Disease
- Insomnia
- Irritable Bowel Syndrome
- Migraine Headaches
- Muscle Spasms
- Muscular Dystrophy
- Neuropathy
- Osteoarthritis
- Rheumatoid Arthritis
- Seizures
- Severe Nausea
- Sickle Cell Anemia
- Ulcerative Colitis (UC)

Certification by a Qualified Florida Medical Cannabis Physician

A Florida-licensed physician who successfully completes the state of Florida required medical cannabis continuing education course must conduct an evaluation of the patient to determine certification.

Risk-Benefit Determination

During the face-to-face consultation, the certifying physician must determine that the benefits of the medical use of cannabis would likely outweigh the potential health risks for the patient and document this in the patient’s medical record.

WHAT TO EXPECT

Our office has outlined the detailed process through which qualified patients will be able to receive medical cannabis in accordance with Florida law. It is important for the patient to read the following information carefully and ask all questions about the process prior to scheduling an appointment.

Becoming a Patient

After Dr. Golden receives your completed medical cannabis certification screening form and consent forms, which can be found directly on our website by visiting www.integrativepain.com, the patient will receive a telephone call from our office with an explanation of next steps.

Before making an appointment at Marla D. Golden, D.O., PA, the patient must provide medical documentation that shows the patient has a qualifying medical condition. This documentation must be from the physician or psychiatrist who originally diagnosed, or is currently treating, the qualifying medical condition.

Cannabis Certification Consultation

Prior to scheduling an initial certification consultation visit, all required forms must be completed and returned to our office. Once received, we will contact the patient to schedule an appointment.

For each certification visit with the patient, the physician must:

- Conduct a physical examination including a full assessment of the patient's medical history;
- Diagnose the patient with at least one the qualifying medical condition;
- Determine the medical use of marijuana would likely outweigh the potential health risks for the patient;
- Include attestation by a second physician for patients under the age of 18;
- Determine whether the patient is pregnant;
- Review the patient's controlled drug prescription history in the prescription drug monitoring program database;
- Review the medical marijuana use registry and confirm the patient does not have an active physician certification from another qualified physician;
- Register as the issuer of the physician certification; and
- Obtain voluntary and informed written consent.

Florida's Medical Marijuana Use Registry

Entering the patient into the Registry enables the state of Florida to issue a Medical Marijuana Use Registry ID number, which is required before the patient (or caregiver) can apply for the required ID card.

The patient will be placed into the Medical Marijuana Use Registry only after the following is completed:

1. The patient's certification consultation with Dr. Marla D. Golden; and
2. All required medical documentation, such as proof of qualifying diagnosis, is in the medical chart.

Medical Marijuana Use ID Card

After being entered into the Florida Medical Marijuana Use Registry (<https://knowthefactsmmj.com/patients/>) the patient and/or caregiver must submit a completed application to obtain a Florida Medical Marijuana Use Registry ID card. Applications are issued through the Florida Office of Medical Marijuana Use (<https://knowthefactsmmj.com/patients/>). Once approved, an ID number and temporary ID card will be issued by email to the patient. Usually within one month, a printed ID card is sent to the patient/caregiver, but only the temporary ID card is needed to purchase the medical cannabis.

The current processing time for complete applications is five (5) business days from the date in which payment successfully processes and posts to the Registry. Online payments take five (5) business days to process. If any part of an application is rejected for missing or invalid documentation, the processing time will be delayed.

- Electronic Application

1. Access the Medical Marijuana Use Registry (<http://knowthefactsmmj.com/patients/cards/#how-to-apply>) to complete your electronic application.
2. Retrieve your login credentials that have been sent to the email address supplied to the Medical Marijuana Use Registry by your qualified physician (Remember to check your spam or junk folder!).
3. Complete your application and submit your \$75 processing fee.

• Paper Application

1. Print a patient or caregiver application

[Patient Application](#)

[Caregiver Application](#)

2. Complete all required fields and include:

- (1) An approved passport-type photo
- (2) Proof of residency
- (3) \$75.00 check or money order made out to the Florida Department of Health (Remember to include your Patient ID Number and DOB)
- (4) Sign your application
- (5) Mail your application and payment to:
Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

Obtaining Medical Cannabis from State-Approved Dispensaries

After receiving the temporary patient/caregiver's state ID card, patients and caregivers may only fill orders for medical marijuana with one of the state's approved medical marijuana treatment centers.

Please visit <https://knowthefactsmmj.com/treatment-centers/> to view a list of the state-approved dispensaries.

Follow-Up Appointments to Stay Active on the Registry

To remain active in the Medical Marijuana Use Registry, a patient must be re-certified every 210 days. An in-office appointment with a physical exam is required as part of every recertification consultation. The follow-up appointment should take place approximately one (1) week prior to the certification expiration date.

Dr. Golden may certify a patient to receive up to a 70-day supply and provide up to 2 refills. A certification expires after 210 days. The patient or caregiver should contact our office two (2) weeks prior to the recertification deadline to schedule their re-certification appointment.

How Medical Cannabis Can Be Administered

- Cannabis derivatives may be available in the forms of smokable whole flower/bud, vapor, capsules, tinctures, oils, and topical, nasal, and transdermal applications.
- Availability and product forms will be determined by each state-approved Medical Marijuana Treatment Center.

Telemedicine

Under Florida law, “telemedicine” means the practice of medicine by a licensed Florida physician where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications.

Telemedicine is not permitted for the certifying consultation. A patient must be seen in the office to be certified. However, additional medical cannabis treatment management may be needed in between certification consultations. For these non-certification appointments we offer the convenience of telemedicine.

About Our Fee Structure

Our fee structure is inclusive of all the detailed work done by Marla D. Golden, D.O., PA, both before and after the consultation, to ensure the patient is in compliance with all applicable Florida law requirements. **Our fees DO NOT include the State Mandated fee for Registry Identification Card of \$75.00, which is paid directly to Office of Medical Marijuana Use.**

Fee Schedule	Service
\$250	Evaluation Certification/Recertification & Medical Cannabis, includes one 15 minute Dosing/Treatment Management appointment
\$175	Evaluation Certification/Recertification Only
\$100	Medical Cannabis Dosing/Treatment Management Only (No Certification/No Recertification)
\$ 75	State Mandated Fee for Registry Identification Card (Paid directly to Office of Medical Marijuana Use)
\$ 50	Reschedule/no-show/cancellation less than 48 hours prior to scheduled appointment