FLORIJUANA MEDICAL CENTER PROTOCOL:

After making the first consultation, the prospective patient must send us via fax FAX 561-330-0724, the following information:

FULL NAME, DATE OF BIRTH, CONTACT INFORMATION, CURRENT ADDRESS, PROOF OF FLORIDA RESIDENCY EXAMPLE, DRIVERS LICENSE NUMBER, IN CASE OF A MINOR ALSO SEND PARENTS INFORMATION.

ALSO SEND ANY RECENT (LESS THAN 2 YEARS) MEDICAL RECORDS THAT DOCUMENT A DIAGNOSIS, TESTING AND TREATMENT OF YOUR QUALIFYING MEDICAL CONDITION. IT IS BEST IF IT INCLUDES A SPECIALIST BUT IT COULD BE YOUR PRIMARY PHYSICIAN.

THE DOCTOR WILL REVIEW YOUR INFORMATION AND WE WILL CALL YOU BACK ASAP AND SCHEDULE YOUR APOINTMENT.

NOT ALL PATIENTS WILL QUALIFY AT THIS TIME FOR MEDICAL MARIJUANA. FLORIDA LAW IS SUBJECT TO CHANGE. WE EXPECT DIFFERENT MEDICAL CONDITIONS WILL BE ADDED IN THE FUTURE AND WE WILL KEEP YOU POSTED.

REMEMBER THAT FLORIDA LAW AT THIS TIME MANDATES THAT YOU MUST BE OUR PATIENT FOR AT LEAST THREE MONTHS BEFORE YOU ARE ALLOWED TO PURCHASE THE MEDICAL MARIJUANA.

DURING THIS THREE MONTH PERIOD YOU MAY NEED TO BE SEEN AGAIN FOR REGULAR FOLLOWUPS. OUR DOCTOR MAY ORDER ANY TESTING THAT NEEDS UPDATING.

THE DOCTOR WILL ADD YOU TO THE FLORIDA REGISTRY ACCORDING TO THE FLORIDA COMPASSIONATE CARE USE ACT. YOU WILL THEN BE ISSUED AND RECEIVE A FLORIDA ID CARD.THE DOCTOR WILL THEN WRITE A CUSTOMIZED PHARMACEUTICAL ORDER FOR A MAXIMUM OF45 DAYS SUPPLY.

WE DON'T ACCEPT ANY INSURANCE AT THIS TIME

READ_____DATE_____