



LA-THC- Intake Recommendation Form

PATIENT COPY

Physician Recommendation Form

(Fax or Electronic Submission Only)

Patient Name

Joshua

Michael

Havens

Date of Birth / Telephone Number

08/09/1979

(318) 605-5123

Address

5423 Crestwood Rd

Bastrop

LA

71220

It is my professional opinion, after having completed an assessment of the patient's medical history and current medical condition in the course of a physician patient relationship, the patient has a qualifying debilitating medical condition identified:

Qualifying Condition(s)

Post-traumatic stress disorder (PTSD) Seizure Disorder

Treatment Requested: Therapeutic MARIJUANA

There's no clinical trial data to recommend any specific dose or type of MARIJUANA product at this stage. This recommendation legalizes you to choose a product from one of the 10 licensed medical MARIJUANA dispensaries of your choice in Louisiana. Every patient is different and only a trial & error process, with your pharmacist, to determine which THC product works best for your diagnosis.

Current CANNABIS Use

Daily

PMP RUN: YES

DURATION: 12-Month

Physician Information

Dr. Lawrence Weber - NPI 1972797124

745 Olive Street, Ste. 202 - Shreveport, LA 71104

Telephone: 318-227-4088 - Fax: 318-227-4086

***By virtue of my electronic signature, I certify that I hold a current and unrestricted license to practice medicine issued by the LSBME and a current and unrestricted CDS Schedule 1 license issued by the Louisiana Board of Pharmacy.**

Date

03/15/2024

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