



Patient & Caregiver Purchase Disclosures

Please read all information below, initial beside appropriate lines and sign to acknowledge these disclosures and confirm understanding.

Organic Remedies requires all patients new to medical marijuana therapy to receive a pharmacist consult and encourage all patients new to our location to also receive a consult with the pharmacist. However, if you have received a consult with a pharmacist at another location prior to visiting us, you may opt to waive a consult and purchase product. Our pharmacists are always available for follow-up consults as needed to help you maximize therapy.

- I am a new patient/caregiver and require a pharmacist consult. _____
- I certify that I/we have received a prior pharmacist consult and wish to only purchase product. _____

Patient/Caregiver agrees not to open or consume medical marijuana within 1000 feet of the facility or in any other place prohibited by law. Management recommends that you open your medical marijuana in private, at home or in a similar environment. _____

Under the law of the Commonwealth of Pennsylvania, I understand that I am not immune from the imposition of any civil, criminal, or other penalties for:

- Operating, navigating, or being in physical control of any motor vehicle, boat, or aircraft while under the influence of medical marijuana.
- Consumption of medical marijuana in any public place
- Consumption of medical marijuana in a motor vehicle
- Undertaking any task under the influence of medical marijuana when doing so would constitute negligence or professional malpractice. _____

It is unlawful for anyone other than the Patient/Caregiver to possess or use medical marijuana. I understand it is illegal to divert, transfer, sell, or give this or any medical marijuana products to anyone other than the Patient/Caregiver to whom it was dispensed. I agree to keep all medical marijuana away from children, other than the patient. _____

It is unlawful under Federal Law, to possess, use manufacture or distribute Marijuana. I understand obtaining medical marijuana under Pennsylvania Law and regulations does not exempt me from Federal prosecution, under the laws and penalties provided by the Federal government. _____

I understand that scientific research has not established the safety of medical marijuana use by pregnant women and nursing mothers. _____



Patient & Caregiver Purchase Disclosures

It is the principle mission of the FDA Center for Drug Evaluation and Research to ensure drugs marketed in the United States are safe and effective. The center ensures that drugs work correctly and that their health benefits outweigh their known risks. Medical marijuana remains a Schedule 1 substance under the Controlled Substance Act, and as such has not received FDA approval. I understand the use of medical marijuana to treat a medical condition is not yet approved by the U.S Food and Drug administration.

Organic Remedies is committed to supporting our patients in reaching their individual treatment goals. Our pharmacists are available for in person and telephonic consults during facility open hours. We encourage all Patients/Caregivers to check in regularly and disclose any concerns related to their therapy. I understand and acknowledge that open communication with my pharmacist is necessary to maximize therapy and agree to discuss any concerns and successes I have during therapy.

I confirm I have read, understand, acknowledge, and affirm the above statements. My initials beside each line and signature below document my upstanding and acknowledgement of this information.

(Signature)

(Date)

(Print Name)