



Name of Patient: GreenBridge Patient

Date of Recommendation: Mar 03, 2009

REC ID Number: 04111111

Recommendation Valid Until: Mar 03, 2010

Drivers License Number: D111111

Physician Statement and Recommendation
Pursuant to California's Health and Safety Code Section 11362.5

The purpose of this medical document is to identify this individual as a patient whose possession and/or cultivation of medical cannabis is permissible pursuant to California Health and Safety Code Section 11362.5 and Senate Bill 420.

This affirms the patient listed above has been examined and evaluated by the physician indicated on this document. I am a physician licensed to practice medicine in the State of California. It is my assessment that the above-mentioned patient qualifies under California Health and Safety Code Section 11362.5 for the use of cannabis for medical purposes. If this patient chooses to use cannabis therapeutically, the staff of the clinic indicated on this document will continue to monitor the status of this patient. I act only as a consultant, not a primary care provider. This patient assumes full responsibility for any and all risks associated with this treatment option. I have discussed the potential medical benefits and risks of cannabis use.

For **24-HOUR ONLINE VERIFICATION** of the information on this document, please visit our website:

<https://collective.greenlifedocs.com>

For **24-HOUR PHONE VERIFICATION** of the information on this document, please call us at:

Phone number: 310-855-3629

To complete the setup of your account in GreenLife, please contact our business office at: **310-857-6352**

This patient hereby gives permission for representatives of GreenLife Medical Systems to discuss the nature of their condition(s) and the information contained within this document for verification purposes. This is a non-transferable document. This document is the property of the physician indicated on this document and can be revoked at any time without notice. Void after expiration, if altered or misused.

Patient Signature: _____

Physician Signature: _____

Physician Clinic Information:

Clinic Name: Greenbridge Medical Services

Place Verification Stamp Here!

Physician Name: Allan Frankel M.D.

License Number: G34474



Clinic Address: 3007 Washington Blvd. Suite #110 Marina del Rey CA 90292