

Verify online at www.doctorganja.com

PATIENT ID#: [REDACTED]



DEAN HILLEL WEISS, M.D.
122 S. Lincoln Blvd., Suite 205
Venice, CA 90291
310-437-3407

PHYSICIAN'S STATEMENT

Patient's Name: [REDACTED]

Birth Date: **October 05, 1961**

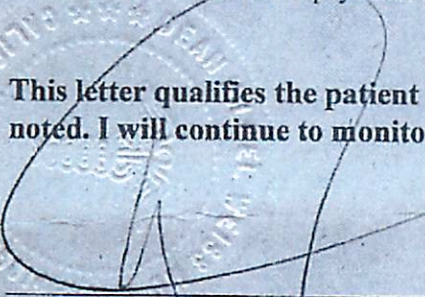
Handwritten notes: "OK to grow", "Airtel 1/12", "Airtel 5/12". A large circular stamp is partially visible behind the notes.

As per Health Safety Code 11362.5, the Medical Use of Marijuana, I have evaluated the medical risks and benefits of cannabis use with the patient.

I recommend/approve of my patient's use of medical marijuana in regards to their current condition.

For verification purposes only, Lance Acquisanta authorizes me to discuss their medical condition and the contents of this letter. I am a physician licensed to practice medicine in the state of California.

This letter qualifies the patient for 1 year of medicinal cannabis usage, unless otherwise noted. I will continue to monitor the patient's progress during this time period.



Dean Hillel Weiss, M.D.
California License A65814

Expiration Date: December 12, 2010

This letter is printed on a thick, tan colored paper and bears both an embossed seal and a green caduceus in the top left corner.
We do not accept responsibility for the acceptance of any copy of this document other than the original.