

Prescription for Controlled Herb (Cannabis)

Date.....

I, (Name and Surname of Medical Prescriber).....

being a licensed: ☐ Medical Doctor ☐ Thai Traditional Medicine Practitioner

☐ Applied Thai Traditional Medicine Practitioner ☐ Dentist

☐ Pharmacist ☐ Traditional Chinese Medicine Practitioner

☐ Folk Healer

License/ Certificate No.....

Address.....

.....

Patient's Name Age..... years

Nationality..... ID No./Passport No.....

I certify that the patient has been examined and found to have the diseases(s)/
conditions(s) of.....

.....

.....

It is deemed appropriate to prescribe cannabis inflorescence at a daily dosage of
..... Grams, to be used for day

Total quantity prescribedgrams

Notation

- 1 The prescription shall not exceed 30 days per issuance.
2. The diagnosis must align with the treatment guidelines and indications for medical cannabis use as approved for the relevant licensed profession.
3. The diagnosis must be consistent with other certificated medical document supporting the patient's use of medical cannabis.

Name.....

Patient

Name.....

Prescriber

The entrepreneur shall retain the medical prescription for 1 year from the date of issuance.