



Cannabis Control Division

CARDHOLDER PETITION FOR EXCEPTION TO MONTHLY PURCHASE LIMITS

§ 50-46-319 (1) (d) (i), MCA: A registered cardholder may petition the department for an exception to the monthly limit on purchases. The request must be accompanied by a confirmation from the physician who signed the cardholder’s written certification that the cardholder’s debilitating medical condition warrants purchase of an amount exceeding the monthly limit.

(ii) If the department approves an exception to the cap, the approval must establish the monthly amount of usable marijuana that the cardholder may purchase and the limit must be entered into the seed-to-sale tracking system.

Completion of this form does not constitute a prescription for marijuana.

PHYSICIAN AND CARDHOLDER: READ THIS CHECKLIST BEFORE SENDING THIS FORM TO THE DEPARTMENT

- ✓ Forms must be legible and filled out completely.
- ✓ Forms may not be modified or edited in any way.
- ✓ Upon completion, this form must be uploaded as part of a New Patient Application or Patient Update Application in the Complia account. Applicants who lack internet access may contact the Medical Marijuana Program for alternate accommodations by calling 406-444-0596.
- ✓ Approved petitions will raise a cardholder’s monthly purchase limit to a maximum of 8 ounces of flower (or the equivalent in MIPP items) per calendar month.

Cardholder Name: _____ Cardholder’s DOB: _____
Last First MI

Cardholder’s current License Number (if applicable): _____

This information must match the information on file with the Montana Board of Medical Examiners:

Physician’s Name: _____ Montana License Number: _____

Street Address, City, State, Zip (physician’s office): _____

Mailing address, City, State, Zip: _____

Physician’s Telephone Number: _____

Is any of the information above new information that needs to be updated in the Montana Medical Marijuana System?
 Yes No



Cardholder statement for increase – please provide a brief explanation why you require an increase in monthly purchase limits:

Cardholder Signature: _____ Date: _____

Physician statement for increase – please provide a brief explanation for an increase in monthly purchase limits:

This patient assessment was conducted via telemedicine in accordance with §§ 50-46-302 (26), (28), 50-46-310 (2)(d), (4) MCA, recited on page 3 of this document: Yes No

By signing this form, I declare under penalty of perjury, pursuant to § 1-6-105, MCA, that the following is true and correct:

- a. I am a physician duly licensed to practice medicine in Montana under MCA Title 37, Chapter 3, Part 3.
- b. I confirm the patient’s debilitating medical condition warrants purchase and use of an amount exceeding the default monthly limit of five (5) ounces.
- c. I am this patient’s treating physician or referral physician and I have previously described the patient’s debilitating condition in a Physician Statement for a Debilitating Condition.
- d. I have reviewed all prescription and non-prescription medications and supplements used by this patient and have considered the potential drug interaction with marijuana.
- e. I have a reasonable degree of certainty that this patient’s condition would benefit from increasing the monthly purchase limits for marijuana and the potential benefits of increased marijuana use will likely outweigh the health risks for this patient.
- f. I have described the potential risks and benefits of the use of marijuana to this patient.
- g. I will continue to serve as this patient’s treating physician and will supervise the use of marijuana and evaluate the efficacy of the treatment.
- h. If conducted by telemedicine, I have complied with the statutory requirements of §§ 50-46-302 and 50-46-310, MCA, recited on page 3 of this document.

Physician’s Printed Name: _____

Physician’s Signature: _____ Date: _____

Relevant Montana Code Annotated

§ 50-46-302

- (26) "Standard of care" means, at a minimum, the following activities when undertaken in person or through the use of telemedicine by a patient's treating physician or referral physician if the treating physician or referral physician is providing written certification for a patient with a debilitating medical condition:
- (a) obtaining the patient's medical history;
 - (b) performing a relevant and necessary physical examination;
 - (c) reviewing prior treatment and treatment response for the debilitating medical condition;
 - (d) obtaining and reviewing any relevant and necessary diagnostic test results related to the debilitating medical condition;
 - (e) discussing with the patient and ensuring that the patient understands the advantages, disadvantages, alternatives, potential adverse effects, and expected response to the recommended treatment;
 - (f) monitoring the response to treatment and possible adverse effects; and
 - (g) creating and maintaining patient records that remain with the physician.

§ 50-46-302

- (28) "Telemedicine" has the meaning provided in **33-22-138**.

§ 50-46-310

- (2) A treating physician or referral physician who is providing written certification for a patient shall provide a statement initialed by the physician that must:
- (d) confirm that the physician has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after obtaining a comprehensive medical history and conducting a physical examination, whether in person or, in accordance with subsection (4), through the use of telemedicine, that included a personal review of any medical records maintained by other physicians and that may have included the patient's reaction and response to conventional medical therapies;
- (4) A physician who is providing written certification through the use of telemedicine:
- (a) shall comply with the administrative rules adopted for telemedicine by the board of medical examiners provided for in **2-15-1731**; and
 - (b) may not use an audio-only visit unless the physician has first established a physician-patient relationship through an in-person encounter.