

Washington Medical Cannabis Program

Authorized Distributor
for Wilmer, a Washington
Approved Security Printer

Healthcare
SELECT

UPDATED!

Meeting and exceeding regulations

Wilmer is an approved Security printer for prescription pads, books and laser sheets, meeting or exceeding all State and Federal regulations for both Medicaid and controlled substance prescriptions.

Security Features

- ✓ Chemical protection paper, scallop void pantograph, blue background
- ✓ Washington State Medical Cannabis image in blue 286 ink
- ✓ Microprinting in security feature border line
- ✓ Security feature listing
- ✓ True watermark
- ✓ Invisible fluorescent fibers
- ✓ Washington Department of Health approved

- ☐ Minimum order of 500 sheets
- ☐ Stocked in Ontario, CA for quick delivery
- ☐ Full Laser sheet 8 1/2" x 11"

Clear Form

Washington State Medical Cannabis Authorization

This form must be completed and signed by the authorizing practitioner or delegate. This form does not provide protection from arrest unless the qualifying patient and their designated provider are entered in the medical cannabis authorization database by a certified consultant and receives a valid authorization.

Designated Provider Information Issue Type (check one): ☐ Initial ☐ Renewal

Name: _____ Date of Birth: _____
Issued (ID): _____ City: _____ State: WA Zip: _____

Have a designated provider (DPI)? (check one below)
Designate a provider (DPI)? (check one below) ☐ No, continue to Section II
Designate a provider (DPI)? (check one below) ☐ Yes, designate a provider (DPI)

Designated Provider's Name: _____ Date of Birth: _____
City: _____ State: WA Zip: _____

Designated Provider (18 and older) and agree the person named above will serve as my designated provider.
Signature: _____ Date: _____ (RCW 69.51A.010(11))

Practitioner Information

Practitioner's Name (as it appears on license): _____ WA License Number: (Example: MD000011110): _____
Address (No P.O. Box) City: _____ State: _____ Zip: _____ Phone: _____

I, _____, certify and recommend the following:

9. I am a Washington state licensed healthcare practitioner and allowed to authorize my patients to use cannabis for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of cannabis for the qualifying condition(s) below (check all that apply):

☐ Cancer ☐ Chronic Renal Failure Requiring Hemodialysis ☐ Crohn's Disease
☐ Epilepsy/Other Seizure Disorder ☐ Glaucoma ☐ Hepatitis C
☐ HIV ☐ Intractable Pain ☐ Multiple Sclerosis
☐ Posttraumatic Stress Disorder ☐ Spasticity Disorder ☐ Traumatic Brain Injury
☐ A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical cannabis authorization database per RCW 69.51A.030 (check one):
☐ Yes, is eligible (Patient's DP may renew database registration on their behalf) ☐ No, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants (check one below):
☐ Yes, I recommend _____ number of plants (enter 6-15) ☐ No recommendations

12. This authorization was issued _____ (today's date) and needs to be renewed before _____ (expiration date)*
*Adult patient authorizations may be valid for up to one year from issue date; up to six months for minor patients.

13. Practitioner's Signature _____ Date signed _____

Medical Cannabis Program | 360-235-4810 DDH 625-123 June 2024
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

*One of the most popular security features, the hidden message VOID technology, is also the most likely to fail. Manufacturers of the VOID can't keep up with the ever changing copier and scanner technology in today's world. That's why Wilmer layers on the security in our check and prescription pad stock to eliminate the ease of copying our products and leaving your customer at risk for counterfeiting. One of the best security features is the thermochromic ink that you can find on many of our stock products. This fades with heat and is impossible to copy. For more information regarding our security features, contact your local sales rep. For best results, the recommended colors are PMS 281 Blue, PMS 249 Plum, PMS357 Green or PMS 175 Brown. The best pantographs to use are the 933 Camo or the 008 Scallop Voids