

PATIENT'S WRITTEN NOTIFICATION OF CHANGE
OF PRIMARY MEDICAL MARIJUANA CENTER



CANNAPAGES.COM

New MMC:

Phone:

Email:

PLEASE PRINT LEGIBLY IN ALL FIELDS:

Patients Name: _____ DOB: _____

Phone Number: _____ Email: _____

Address: _____

City/State/Zip: _____

MMJ Registry Card #: _____ EXP: _____

Name of previous primary MMC: _____

Address: _____

City/State/Zip: _____

Phone: _____ Date _____

To Whom it May Concern:

I had previously designated your MMC as my primary MEDICAL MARIJUANA CENTER pursuant to the Colorado Constitution, Article XVIII § 14 and the Colorado Medical Marijuana Code. In acknowledgement that the cultivation of medical marijuana plants on my behalf requires planting, time and expense, I hereby give you notice that I have changed my primary MMC. I certify more than one hundred twenty (120) days has passed since I previously designated a primary MMC, and I am authorized to make this change.

Your MMC was authorized to grow _____ (#) of medical marijuana plants on my behalf. You are hereby advised that these plants must be immediately cultivated and harvested or assigned to new patients. As of this date, your MMC is no longer authorized to grow medical marijuana plants on my behalf.

Current regulations require that my new primary MMC must report this change within seventy-two (72) hours. Please respond (7) business days if there is any dispute or conflict regarding my current patient status.

Thank You,

Patient signature _____ Date _____