



**CARDHOLDER SIGNATURE PAGE FOR
MEDICAL CANNABIS ADVISORY PAMPHLET**

Statement of Cardholder:

I am a medical cannabis cardholder and I hereby verify and affirm that I have received a copy of the Medical Cannabis Advisory Pamphlet as required by KRS 218B.110(2)(d).

Printed Name of Cardholder

Signature of Cardholder

Patient Identification Number

DATE: _____

Filled out by the dispensing business only:

Dispensary Record

This record must be kept confidential according to the dispensary's SOPs as required by 915 KAR 1:070. Dispensary. Section 8. (1)(m).

Name of Dispensary

Printed Dispensing Employee's Name

Dispensing Employee's Signature

DATE: _____

Notice to Dispensary

Pursuant to KRS 218B.140(2)(b)(3)(b), this signature page shall be retained for a period of at least thirty-six (36) months. The Medical Cannabis Advisory Pamphlet may be provided to cardholders electronically, and dispensaries may obtain and retain electronic signatures. A copy of the advisory pamphlet must be provided to a cardholder purchasing medical cannabis if (1) it is the first time the cardholder has purchased medical cannabis from the dispensary; (2) it has been more than twelve (12) months since the dispensary last provided the cardholder with a copy of the pamphlet; or (3) the content of the pamphlet has materially changed since the dispensary last provided the cardholder with a copy of the pamphlet.