



## REQUEST FOR EXCEPTION

Section 381.986(4)(f)1., Florida Statutes, permits a qualified physician to request an exception to the daily dose amount limit of marijuana, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking. The limitations on daily dose amounts and equivalent dose amounts for each allowable route of administration are set forth in Emergency Rule 64ER22-8. A qualified physician may request an exception by electronically submitting the information required by this form through the Medical Marijuana Use Registry.

<b>Qualified Physician Name:</b>	
<b>Qualified Physician License Number (ME or OS):</b>	<b>Qualified Patient ID Number:</b>

Indicate the qualified patient's qualifying medical condition(s) for which the exception is being requested by checking the appropriate box(es) from the list below.

- Cancer
  - Epilepsy
  - Glaucoma
  - Positive status for human immunodeficiency virus
  - Acquired immune deficiency syndrome
  - Post-traumatic stress disorder
  - Amyotrophic lateral sclerosis
  - Crohn's disease
  - Parkinson's disease
  - Multiple sclerosis
  - Medical condition of the same kind or class as or comparable to those enumerated above:
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- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
  - Chronic nonmalignant pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition. *If this box is selected, you must also select at least one of the above qualifying medical conditions.*



**CURRENT ROUTE OF ADMINISTRATION AND DOSE INFORMATION**

If you are requesting an exception to the daily dose amount of marijuana, fill out the table below with the qualified patient's current route(s) of administration and dose information that was insufficient to provide relief to the qualified patient.

If you are requesting an exception to the 35-day supply limit for marijuana in a form for smoking and the 4-ounce possession limit of marijuana in a form for smoking, fill out the table below with the qualified patient's current dose information that was insufficient to provide relief to the qualified patient.

Route of Administration	Amount of THC (mg)
Edibles	
Inhalation (e.g., vaporization)	
Oral (e.g., capsules, tinctures)	
Sublingual (e.g., sublingual tinctures)	
Suppository	
Topical (e.g., creams)	
<b>70-Day Aggregate Amount of THC (mg)</b>	

Route of Administration	Amount of Marijuana in a Form for Smoking (oz)
Smoking	

In the space below, provide a brief description of how the patient will benefit from an increased amount.

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**PROPOSED ROUTE OF ADMINISTRATION AND MINIMUM DOSE INFORMATION**

If you are requesting an exception to the daily dose amount of marijuana, fill out the table below with the qualified patient's proposed route(s) of administration and dose information that would be sufficient for the treatment of the qualified patient's qualifying medical condition.

Route of Administration	Amount of THC (mg)
Edibles	
Inhalation (e.g., vaporization)	
Oral (e.g., capsules, tinctures)	
Sublingual (e.g., sublingual tinctures)	
Suppository	
Topical (e.g., creams)	
<b>70-Day Aggregate Amount of THC (mg)</b>	

If you are requesting an exception to the 35-day supply limit for marijuana in a form for smoking and the 4-ounce possession limit of marijuana in a form for smoking, fill out the table below with the qualified patient's proposed dosage information that would be sufficient for the treatment of the qualified patient's qualifying medical condition. The exception to the 4-ounce possession limit will be 1.6 times the amount approved (in ounces) pursuant to the request for an exception to the 35-day supply limit of marijuana in a form for smoking.

To calculate the total weight, use the equation below.

*a* = Amount of Marijuana in a Form for Smoking

*t* = Total Weight of Marijuana in Possession

$$1.6a = t$$

Route of Administration	Amount of Marijuana in a Form for Smoking (oz)	Total Weight of Marijuana in Possession (oz)
Smoking		

**ACKNOWLEDGMENT**

As the qualified physician, I acknowledge that the information provided in this request is true and correct. I understand that I commit a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, F.S., if I issue a physician certification for the medical use of marijuana for a patient without a reasonable belief that the patient is suffering from a qualifying medical condition. I also agree to provide the qualified patient's records upon request of the department.

By requesting this exception, I further certify that the qualified patient identified in this request requires medical marijuana in excess of the maximum limits set forth in rule 64ER22-8. I understand that requesting an exception to the daily dose amount limit of marijuana, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking for a qualified patient that does not require an exception is a violation of my practice act. I agree that I am responsible for complying with the relevant practice act, Chapter 458 or 459, F.S., and any applicable standards of practice or practice requirements adopted thereunder and that violations are subject to disciplinary action by the governing regulatory board.

Signature of Qualified Physician

Date

Name of Qualified Physician