



Understanding the Registry

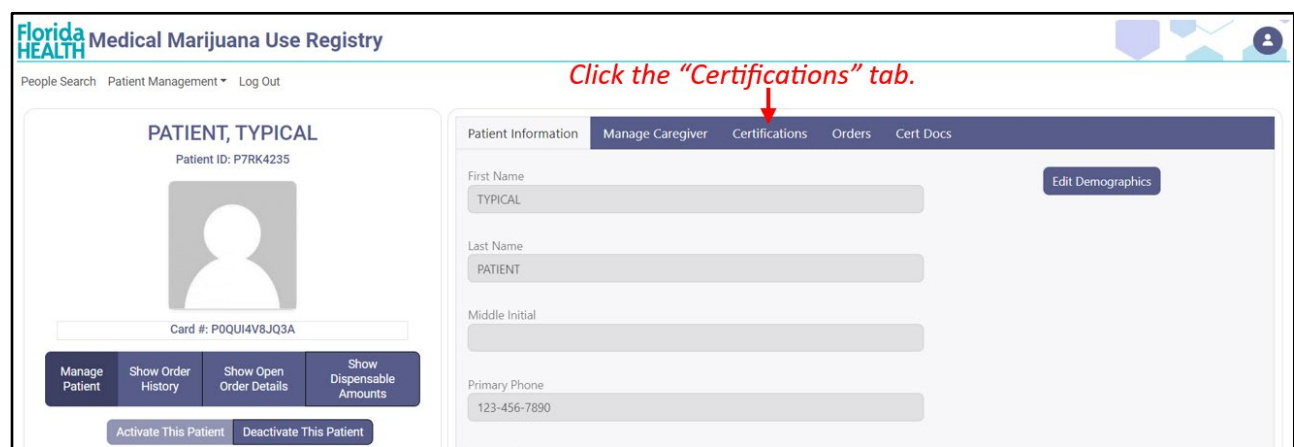
Creating a Certification and Orders

Physicians must first create a certification for a qualified patient before being able to create an order. A patient can have one open certification and one scheduled certification in their profile at any one time. Certifications cannot overlap. Follow the instructions below to guide you through creating a certification and orders.

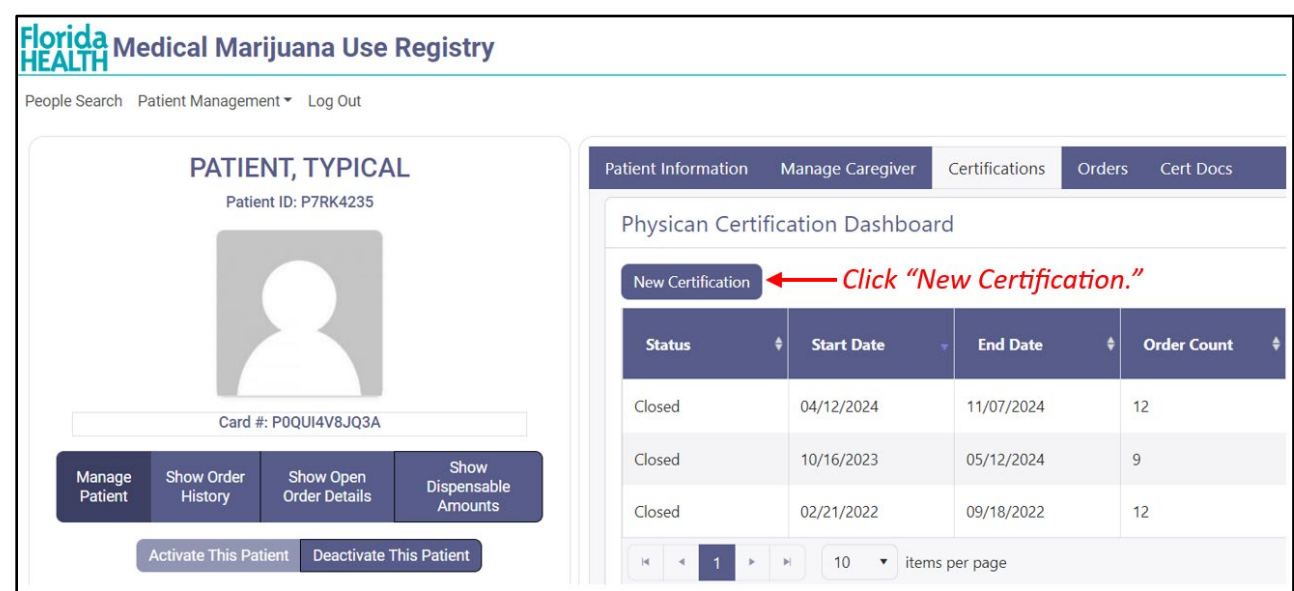
Step 1: Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov/>.
If you do not remember your password, learn how to reset it by [clicking here](#).

Step 2: Locate the patient for whom you wish to create a certification and orders.
For assistance searching for an existing patient or caregiver, [click here](#).

Step 3: Click the tab titled “Certifications.”



Step 4: You are shown the certifications dashboard. Click “New Certification.”



Step 5: You are shown the qualifying questions for a patient to be able to receive a certification. Please answer each of the qualifying conditions to certify the patient. Click “Continue” after answering all of the questions.

Physician Certification

1 of 3

You must select one examination type (in person or via telehealth) to proceed with this certification.

1a. I have conducted a physical examination while physically present in the same room as the patient and a full assessment of the medical history of the patient in accordance with section 381.986(4)(a)1., Florida Statutes.

☐ Yes ☐ No

1b. I have conducted the subsequent examination of this patient through telehealth, as defined in section 456.47, Florida Statutes, and conducted a full assessment of the patient's medical history in accordance with section 381.986(4)(a)1., Florida Statutes.

☐ Yes ☐ No

2. Is this patient pregnant?

☐ Yes ☐ No

3. I have determined that the medical use of marijuana would likely outweigh the potential health risks for this patient.

☐ Yes ☐ No

4. I have reviewed the patient's controlled drug prescription history in the prescription drug monitoring program database established pursuant to section 893.055, Florida Statutes.

☐ Yes ☐ No

5. I have obtained the voluntary and informed written consent of the patient for medical use of marijuana for the patient and maintain such consent in the patient's medical record. I confirm that the patient, or the patient's parent or legal guardian if the patient is a minor, has signed the informed consent acknowledging that I have sufficiently explained its content.
You are expected to use this standardized board consent form: [Click Here](#)

☐ Yes ☐ No

6. I have reviewed the Medical Marijuana Use Registry and determined the patient does not have an active certification issued by another qualified physician.

☐ Yes ☐ No

Continue

Click “Continue.”

Answer each of the Qualifying Questions.

Important note: If you indicate you are conducting a physical examination, you must enter the date of the patient’s physical examination. You may only conduct an examination via telehealth if you previously saw the patient for a physical examination.

Step 6: Select the qualifying medical condition(s) for this patient’s certification. Click “Continue” after selecting the patient’s qualifying medical condition(s).

Physician Certification - Qualifying Medical Conditions

2 of 3

Select the Qualifying Medical Conditions as required pursuant to Section 381.986 (2)(a)-(j), Florida Statutes:

☐ 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 conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)

☐ Terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification. "Terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

☐ 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.

Select the Qualifying Medical Condition(s).

Go Back

Continue

Click “Continue.”

Important note: If the patient’s qualifying medical condition is of the “same kind or class,” [click here](#) for further instructions on how to complete the certification.

Step 7: Enter the date you would like for the certification and orders to begin. (A certification and orders may not overlap with an existing certification and orders.)

Enter the duration for which you would like the certification to run.

Click “Continue” after entering the above information.

Physician Certification3 of 3

Certification and Order Begin Date

04/29/2024

← Enter the date you would like the certification and orders to begin.

Certification Duration

Select Days

← Select the duration of the certification.

Based on your selections above, this certification will end on: 04/28/2024 23:59:59

Go Back

Continue

← Click “Continue.”

Step 8: Confirm your entries for the certification by clicking “Create Certification” on the pop-up.

Confirm Submission

Are you sure you are ready to create this Certification?

Click “Create Certification.”

Create Certification

Cancel

Step 9: After clicking “Create Certification,” you are given a notification that your certification was created successfully. At this point, you may proceed with creating the patient’s orders.

Florida Medical Marijuana Use Registry

Certification Created Successfully

Notification that Certification was created.

PATIENT, TYPICAL

Patient ID: P7RK4235

Card #: P0QU4V8JQ3A

Manage Patient

Show Order History

Show Open Order Details

Show Dispensable Amounts

Activate This Patient

Deactivate This Patient

Current Physician

PHYSICIAN, TYPICAL

Patient Information

Manage Caregiver

Certifications

Orders

Cert Docs

Low-THC

Medical Marijuana

Smoking

Order Summary

Add Low-THC Order

Continue

Step 10: You are automatically brought to the “Orders” tab. Here, you can create orders for Low-THC, Medical Marijuana, and Marijuana in a form for Smoking.

Low-THC

Medical Marijuana

Smoking

Order Summary

Add Low-THC Order

Click “Add Low-THC Order” to input the orders for this type

OR

Click “Continue” to skip inputting this order type.

Continue

Step 11: If you clicked “Add Low-THC Order,” a pop-up appears for you to enter the order details.

Select which route(s) of administration you are recommending by entering a value for the “Mg/Day.” Check the box next to each route for which you want to authorize the patient to purchase delivery devices.

Click “Add” once you have selected the routes you are authorizing for the patient.

Add Orders - Low-THC

Certification Begin Date: 04/29/2024
Certification Duration: 210 Days
Certification End Date: 11/24/2024

Note:
Enter any order notes here (dosing instructions, etc.) ...

Route	Mg/Day	Allow Delivery Device
Edibles	0	<input type="checkbox"/>
Inhalation	0	<input type="checkbox"/>
Oral	0	<input type="checkbox"/>
Topical	0	<input type="checkbox"/>
Sublingual	0	<input type="checkbox"/>
Suppository	0	<input type="checkbox"/>

Click “Add.” → Add Cancel

Step 12: You are brought to the Order Type summary page. Review your Order details before clicking “Continue.”

Changes are pending for one or more order types, routes, or amounts. Proceed to Order Summary to save changes.

Low-THC

Medical Marijuana

Smoking

Order Summary

Low-THC Order 1 - Not Saved

Start Date: 04/29/2024
Duration (Days): 70
End Date: 07/07/2024

Route	Mg/Day	Total	Purchase Delivery Device
Edibles	200	14,000	<input checked="" type="checkbox"/>
Inhalation	200	14,000	<input checked="" type="checkbox"/>
Oral	50	3,500	<input checked="" type="checkbox"/>
Topical	40	2,800	<input checked="" type="checkbox"/>
Total	490	34,300	

Add Route
Add Route

Order Notes

Low-THC Order 2 - Not Saved

Start Date: 07/08/2024
Duration (Days): 70
End Date: 09/15/2024

Route	Mg/Day	Total	Purchase Delivery Device
Edibles	200	14,000	<input checked="" type="checkbox"/>
Inhalation	200	14,000	<input checked="" type="checkbox"/>
Oral	50	3,500	<input checked="" type="checkbox"/>
Topical	40	2,800	<input checked="" type="checkbox"/>
Total	490	34,300	

Add Route
Add Route

Order Notes

Low-THC Order 3 - Not Saved

Start Date: 09/16/2024
Duration (Days): 70
End Date: 11/24/2024

Route	Mg/Day	Total	Purchase Delivery Device
Edibles	200	14,000	<input checked="" type="checkbox"/>
Inhalation	200	14,000	<input checked="" type="checkbox"/>
Oral	50	3,500	<input checked="" type="checkbox"/>
Topical	40	2,800	<input checked="" type="checkbox"/>
Total	490	34,300	

Add Route
Add Route

Order Notes

Click “Add Route” to add an additional route of administration.

Click the icon to remove a route.

Click “Continue.”

Review the pending order details.

Step 13: Upon clicking “Continue,” you are automatically brought to the next order type tab (Medical Marijuana). Here you will repeat steps 10-12 as necessary.

Changes are pending for one or more order types, routes, or amounts. Proceed to Order Summary to save changes.

Low-THC

Medical Marijuana

Smoking

Order Summary

You are automatically brought to the next order type tab.

Add Medical Marijuana Order

OR

Click “Continue” to skip inputting this order type.

Go Back

Continue

QP 05/2024

Step 14: Upon clicking “Continue” after entering your Medical Marijuana order details, you are automatically brought to the next order type tab (Smoking). Here you will repeat steps 10-12 as necessary.

Changes are pending for one or more order types, routes, or amounts. Proceed to Order Summary to save changes.

Low-THC

Medical Marijuana

Smoking

Order Summary

You are automatically brought to the next order type tab.

Add Smoking Order

Click “Add Smoking Order” to input the orders for this type

OR

Go Back

Click “Continue” to skip inputting this order type.

Continue

Important note: If this is your first time certifying this specific patient for Smoking, you must complete the Board-required “Appropriate Routes Form.” For instructions on completing the “Appropriate Routes Form,” [click here](#).

Step 15: Upon clicking “Continue” after entering your Marijuana in a form for Smoking order details, you are brought to the “Order Summary” tab. Review the order summary details. To make any changes, click “Edit.”

Click “Edit” to modify the orders.

Low-THC								
Order	Route	Mg/Day	Total	Purchase Delivery Device	Start Date	Duration (Days)	Order Notes	Order Status
1	Edibles	200	14,000	<input checked="" type="checkbox"/>	04/29/2024	70	N/A	Not Saved
	Inhalation	200	14,000	<input checked="" type="checkbox"/>				
	Oral	50	3,500	<input checked="" type="checkbox"/>				
	Topical	40	2,800	<input checked="" type="checkbox"/>				
2	Edibles	200	14,000	<input checked="" type="checkbox"/>	07/08/2024	70	N/A	Not Saved
	Inhalation	200	14,000	<input checked="" type="checkbox"/>				
	Oral	50	3,500	<input checked="" type="checkbox"/>				
	Topical	40	2,800	<input checked="" type="checkbox"/>				
3	Edibles	200	14,000	<input checked="" type="checkbox"/>	09/16/2024	70	N/A	Not Saved
	Inhalation	200	14,000	<input checked="" type="checkbox"/>				
	Oral	50	3,500	<input checked="" type="checkbox"/>				
	Topical	40	2,800	<input checked="" type="checkbox"/>				

Indicates the orders are not saved yet.

Step 16: If the orders are ready to be finalized, click “Save and Continue” at the top of the order summary page.

Changes are pending for one or more order types, routes, or amounts. Click the Save and Continue button to commit pending changes.

Low-THC

Medical Marijuana

Smoking

Order Summary

Order Summary

Certification Status: Active

Certification Begin Date: 04/29/2024

Certification End Date: 11/24/2024

Click “Save and Continue.”

Save and Continue

Low-THC

Edit

Step 17: You are shown a pop-up to confirm the orders one last time.

If you have ordered an amount that exceeds the State’s Daily Dosing Limits, the pop-up will display a table with the amounts that exceed the state limits. Check the box for “I have verified the proposed amounts are accurate” then click “Acknowledge and Save.”

Maximum Daily Dose Limit Exceeded

The current dose values for these orders will require a Request for Exception form to be completed. Section 381.986(4)(f)1., Florida Statutes, permits a qualified physician to request an exception to the daily dose amount limits.

You entered a value that exceeds the current maximum daily dose limit for one or more routes.

The aggregate amount ordered for either Medical Marijuana or Marijuana in a Form for Smoking exceeds the current aggregate maximums.

Either go back to supply a lower daily dose value for your patient's orders OR proceed with saving this certification to complete the Request for Exception (RFE) form for OMMU's approval.

Route of Administration and Minimum Dosage Information

Route of Admin.	Supply Limit of THC (mg/oz)	Proposed Limit of THC (mg/oz)	% Exceeded
Edibles	60 mg	100 mg	66.67 %
Inhalation	350 mg	400 mg	14.29 %
Oral	200 mg	100 mg	N/A
Sublingual	190 mg	0 mg	N/A
Suppository	195 mg	10 mg	N/A
Topical	150 mg	0 mg	N/A
70 Day Aggregate Amt – THC:	24500 mg	42700 mg	74.29 %
Smoking	2.500 oz	2.500 oz	N/A

☐ I have verified the proposed amounts are accurate.

Check the box to confirm the amounts.

Click “Acknowledge and Save.”

Acknowledge and Save

Go Back

Step 18: Upon clicking “Acknowledge and Save,” you are given notification that the orders were added successfully.

Florida Medical Marijuana Use Registry

Orders Added Successfully

People Search Patient Management Log Out

PATIENT, TYPICAL

Patient ID: P7RK4235

Card #: P0QU14V8JQ3A

Manage Patient

Show Order History

Show Open Order Details

Show Dispensable Amounts

Activate This Patient

Deactivate This Patient

Current Physician

PHYSICIAN, TYPICAL

Is this person a Florida Resident?

Yes

Patient Information Manage Caregiver Certifications Orders Cert Docs

Certification Documentation

Patient: TYPICAL PATIENT

Certification: 4/29/2024 - 11/24/2024

Type	Status	Last Date Submitted	Physician	Actions
ARF	Not Yet Submitted		PHYSICIAN, TYPICAL	<div>View</div>
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	<div>View</div>

1

10 items per page

1 - 2 of 2 items

You are immediately navigated to the Certification Documentation dashboard for the specific patient. Here, you may proceed with completing any required certification documents that are required as a result of the certification and order details you supplied.

For assistance understanding the certification documentation dashboard, [click here](#).

For additional information, visit **KnowTheFactsMMJ.com**