

**Dr JURA'S OMMP APPLICATION, INFORMED CONSENT and WAIVER**

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **MI** \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ ☐ M ☐ F Height: \_\_\_\_ ft. \_\_\_\_ in Weight: \_\_\_\_ lbs.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Email: \_\_\_\_\_

State of Oregon Approved Debilitating Medical Conditions (**check all that apply**):

- ☐ Cancer
- ☐ Glaucoma
- ☐ HIV
- ☐ Degenerative or pervasive neurological condition
- ☐ PTSD (Post-Traumatic Stress Disorder only. No other anxiety or sleep conditions are valid)

Or "A medical condition or treatment for a medical condition that produces for a specific patient one or more of the following (**check all that apply**):

- ☐ Cachexia (severe loss appetite with weight loss)
- ☐ Severe pain (more than 6 months)
- ☐ Severe nausea (more than 2 months continuously)
- ☐ Seizure disorder, including but not limited to seizures caused by epilepsy.
- ☐ Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis.

**Medical Marijuana Informed Consent and Release of Liability.**

**The above named and below signed individual patient agrees to abide by the following two statements**

1. The use of any cannabis based product in any and all of its forms and amounts from any source presents unknown risks and possible adverse results and consequences that may not be able to be entirely understood, avoided or survived. This includes premature death as well as non-mortal significant harm to self or to others in any and all circumstances.
2. That any liability, civil or criminal complaint or result from the use of cannabis belongs entirely to the above named and below signed patient. That no liability, civil or criminal complaint in any amount belongs to or can be lodged against or assigned to Dr. Jura or his designates in any jurisdiction.

\_\_\_\_\_  
**Patient signature**

**RANDELL P JURA, M.D.** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_