

Medical Cannabis Program

Waiver to Increase “THC per 90 Days” Purchase Limit

Healthcare Practitioners: Provide the completed form to the patient.

Patients: To submit the completed form, scan the QR code or visit our website: hhs.iowa.gov/medical-cannabis

Patient: Scan to submit



If you are unable to submit the completed form online, please mail to:

Health and Human Services
Attn: Bureau of Cannabis Regulation
321 East 12th Street
Des Moines, IA 50319

Please print clearly – Incomplete or unreadable forms may result in denial of waiver.

PATIENT INFORMATION	
Name (First, Middle, Last)	
Street Address (Street, Apt. #)	
Address (City, State, ZIP Code)	
Phone	Email



HEALTH CARE PRACTITIONER INFORMATION		
Health Care Practitioner's Name (First, Middle, Last, Suffix)		
Medical License Number	License State (Must be licensed in Iowa)	License Type (MD, DO, PA, ARNP, DPM)
Practice Address (Street, Apt. #)		
Practice Address (City, State, ZIP Code)		
Phone	Email	
Medical Specialty (Oncology, Neurology, Pain Management, etc.)		

Medical examination is required after the original certification (unless certified for a terminal illness). This form must be completed by the same provider who certified the patient for their current medical cannabidiol registration card.

I, _____, (Healthcare Practitioner), hereby certify that, based on current examination and the patient's medical history, in my professional judgment, _____ (registered qualifying patient), should be approved for an exception to the 4.5g THC per 90-day limit pursuant to the provisions of Iowa Code chapter 124E.

A purchase limit of:

_____ / _____ grams per 90-day period
Number (g) **Number Spelled out**

should be approved to properly alleviate the patient's qualifying debilitating medical condition, or symptoms associated with the debilitating medical condition.

Healthcare Practitioner Signature

Date