

Medical Cannabis Waiver to Increase THC Limit

Healthcare Practitioners: Provide the completed form to the patient.

Patients: Submit the completed form by scanning the QR code below or visiting our website: hhs.iowa.gov/health-prevention/medical-cannabis

Patient: Scan to submit



Contact us with questions at medical.cannabis@hhs.iowa.gov, or call (877)-214-9313.

Complete waivers may be mailed to the address below as a last resort:

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 IA)	License Type (MD, DO, PA, ARNP, DPM)
Practice Address (Street, Apt. #)		
Practice Address (City, State, ZIP Code)		
Phone Number	Email Address	
Medical Specialty (Oncology, Neurology, Pain Management, etc.)		

PRACTITIONER: This waiver is only available to a patient **after** the initial certification.

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 hereby certify that, based on current examination and the above-named patient's medical history, in my professional judgment, the above-named 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