IOWA | Health and Human Services
Division of Compliance

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, it is preferred that you email the BCR at medical.cannabis@hhs.iowa.gov, or call us at (877)-214-9313.

Complete waivers may be mailed to the BCR at 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 Iowa)	**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.)		

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