



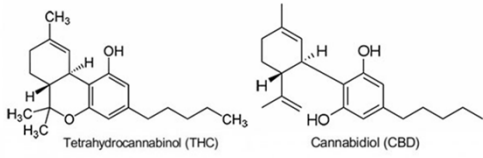




Approved Qualifying Conditions

- ▶ Cancer
- ▶ positive status for HIV or AIDS
- ▶ amyotrophic lateral sclerosis (ALS)
- ▶ Parkinson's disease
- ▶ multiple sclerosis
- ▶ damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- ▶ epilepsy
- ▶ inflammatory bowel disease
- ▶ Neuropathy
- ▶ chronic pain as defined by 10 NYCRR §1004.2(a)(8)(xi)
- ▶ post-traumatic stress disorder
- ▶ Huntington's disease
- ▶ Patients must also have one of the following associated or complicating conditions:
cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms.

What is THC / CBD?



Success Story #1

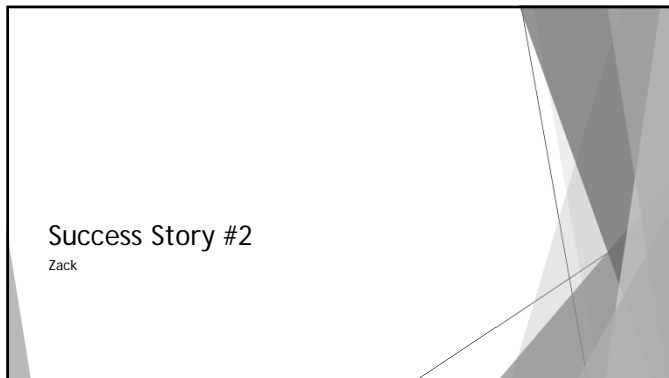
Jodi

Dispensary locations

- ▶ Dispensaries
 - ▶ Amherst
 - ▶ Liverpool
 - ▶ Albany
 - ▶ Bronx
- ▶ Green House
 - ▶ Hamptonburg

[illegible]

Ratios carried											
THC Tetrahydrocannabinol											
0.9% FL LIQUID / TINCTURE	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID	0.9% FL LIQUID
Strain Name	High THC/Low CBD	High THC/Low CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD
2oz	2.1	2.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
10% per ml	4.5mg/ml	4mg/ml	3.5mg/ml	3mg/ml	2.5mg/ml	2mg/ml	1.5mg/ml	1mg/ml	0.5mg/ml	0.25mg/ml	0.125mg/ml
100 mg per ml	<0.25mg/ml	120mg/ml	120mg/ml	120mg/ml	120mg/ml	120mg/ml	120mg/ml	44mg/ml	44mg/ml	4.5mg/ml	4.5mg/ml
Product Size	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper	100ml w/ Med Dropper
THC-CBD	14.2 5mg+ <1.2 5mg/ml	22mg 60mg/30mg	22mg 60mg/30mg	22mg 60mg/30mg	22mg 60mg/30mg	22mg 60mg/30mg	22mg 60mg/30mg	<7 5mg 14.2 5mg/30mg	<7 5mg 14.2 5mg/30mg	<7 5mg 14.2 5mg/30mg	<7 5mg 14.2 5mg/30mg
Brand/Company Name	Blue Vaporization Oil	Aqua Vaporization Oil	Aqua Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Blue Vaporization Oil	Blue Vaporization Oil	Yellow Vaporization Oil	Yellow Vaporization Oil
Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE	Inhalation/VAPE
High THC/Low CBD	High THC/Low CBD	High THC/Low CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD
2oz	2.1	2.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
10% per 0.5oz	2.5mg/0.5oz	1.5mg/0.5oz	1.5mg/0.5oz	2mg/0.5oz	2mg/0.5oz	2mg/0.5oz	2mg/0.5oz	0.5mg/0.5oz	0.5mg/0.5oz	<0.5mg/0.5oz	<0.5mg/0.5oz
100 mg per 0.5oz	<1.1mg/0.5oz	4.5mg/0.5oz	4.5mg/0.5oz	4.5mg/0.5oz	4.5mg/0.5oz	4.5mg/0.5oz	4.5mg/0.5oz	1.1mg/0.5oz	1.1mg/0.5oz	1.1mg/0.5oz	1.1mg/0.5oz
Product Size	1oz=100 Inhalations	1oz=100 Inhalations	1oz=100 Inhalations	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg	200mg 100mg/100mg
THC-CBD	2.9 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	4.5 5mg+ <1.2 5mg/ml	<2.9 5mg 4.5 5mg/100mg	<2.9 5mg 4.5 5mg/100mg	<2.9 5mg 4.5 5mg/100mg	<2.9 5mg 4.5 5mg/100mg
Brand/Company Name	Blue Vaporization Oil	Blue Vaporization Oil	Blue Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Green Vaporization Oil	Blue Vaporization Oil	Blue Vaporization Oil	Yellow Vaporization Oil	Yellow Vaporization Oil
0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule	0.9% per capsule
High THC/Low CBD	High THC/Low CBD	High THC/Low CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD	Equal THC/CBD
2oz	2.1	2.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
10% per capsule	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg
Product Size	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules	60 Capsules
THC-CBD	Blue Regular Strength Capsules 3	Blue Regular Strength Capsules 3	Blue Regular Strength Capsules 3	Green Regular Strength Capsules 3	Green Regular Strength Capsules 3	Green Regular Strength Capsules 3	Green Regular Strength Capsules 3	Blue Regular Strength Capsules 3	Blue Regular Strength Capsules 3	Yellow Regular Strength Capsules 3	Yellow Regular Strength Capsules 3



Success Story #2

Zack

The screenshot shows the New York State Department of Health website. The header includes the state seal and navigation links: Services, News, About Us, and Contact. The main content area is divided into a sidebar on the left and a main body. The sidebar contains links to various health topics such as Tobacco, Alcohol, and Nutrition. The main body features a large banner for 'Make New York the Healthiest State' with a photo of people and the text 'Prevention Begins With Us'. Below the banner, there are sections for 'About Us' and 'What We Do', each with a list of links to various health programs and services.

[illegible]



State of New York Department of Health
Medical Marijuana Program
Patient Certification # PC1-11111111

Practitioner Information
First Name: Example Last Name: Doctor
Address: 123 Main Street City: Buffalo State: NY ZIP Code: 14213
Phone: 1416-555-1234 Email: dr@example.com
NYS Healthcare License Number: 123456789

Patient Information
First Name: Example Last Name: Patient
Address: 123 Main Street City: Buffalo State: NY ZIP Code: 14213
Phone: 1416-555-1234 Email: patient@example.com
Sex: Male Date of Birth: 01/01/1980
Social Security Number: 123-45-6789
Medical Marijuana Certification Number: PC1-11111111

Practitioner Signature: Date: 11/15/2017

ALL INFORMATION ON THIS FORM IS PROVIDED AS IS. THE STATE OF NEW YORK DEPARTMENT OF HEALTH AND SERVICES (DOH) AND ITS OFFICES, INCLUDING THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS), DO NOT WARRANT THE ACCURACY, COMPLETENESS, OR RELIABILITY OF ANY INFORMATION PROVIDED BY ANY PERSON, INCLUDING THE PRACTITIONER, IN CONNECTION WITH THE REGISTRATION PROCESS. THE DOH AND OASAS SHALL NOT BE LIABLE FOR ANY DAMAGES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR FROM THE REGISTRATION PROCESS, INCLUDING THE REGISTRATION OF A PATIENT OR PRACTITIONER, OR THE REGISTRATION OF A PATIENT OR PRACTITIONER TO THE MEDICAL MARIJUANA PROGRAM.

Question? Contact the Medical Marijuana Program by emailing MMJ@doh.ny.gov or calling 1-800-458-1111

State of New York Department of Health
Medical Marijuana Program
Patient Certification # PC1-22222222

Patient Registration Instructions

- Go to <https://my.ny.gov>
 - If you do not have a My NY Gov account, visit <https://my.ny.gov> and click the "Start Here an Account" button to create a personal My NY Gov ID. Please make note of the User Name and Password you create and keep it in a safe place.
If you are registering on behalf of a patient who is a minor or otherwise incapable of consent, you will need to create a My NY Gov account in your own name.
 - Once your account is created, click the "Health Application" icon.
 - Select the role (Patient, Proxy Applicant or Caregiver).
 - Enter the required information exactly as it appears on the certification.
For patients: Enter specifically requested:
 - The certification fee. See the fee on the upper right-hand corner of the certification form issued by your registered practitioner. Please enter the number exactly as it appears on the form starting with "PC1". Fee follows with the number and no symbol.
 - The date of birth must be entered in MM/DD/YYYY format.
If you register as either caregiver, please check that the name, date of birth and ID number that you are entering exactly what appears on your certification. If you find information that is incorrect on your certification, please contact your practitioner to correct the information. The practitioner may need to issue you a new certification.
- On the Patient Home Page select REGISTER/VIEW MY REGISTRATIONS:
 - Click the "Start New Registration" button.
If you already started the registration and need to re-enter the registration, click on the Registration number listed that begins with "PC1" to re-do the registration.
 - When entering a NY/D (New York State Driver's License or Non-Driver ID card), enter the ID, date number without any spaces or dashes.
If you already submitted a document in the "Upload Supporting Documents for Patient" section, you must use the "Attachment Type" menu to add each attachment before proceeding to the next.
For information on what documents may be required for registration, click on the "What Supporting Documents are Required" link located next to the "New Document" button.
 - If you designate a caregiver during the registration process, your caregiver will also need to register after your registration is approved.
 - After the registration is approved, you will be able to see the "My Registrations" page.

Success story #3

Andrew

Platforms

- Face to Face Provider
 - Traditional medicine
- Telemedicine
 - HelloMD
 - NuggMD
 - Hamptons Medi Spa
 - NY Telemedicine
 - Lakeside Medical

