



Medical Cannabis Referral

Louisville Clinic
2307 Watterson Trail
Louisville, KY 40299

Lexington Clinic
1030 Monarch St, Suite 320
Lexington, KY 40513

BlueGrassCannaMed.com
Phone: 502-900-HERB (4372) **Fax:** (502) 576-9959

Referring Clinician: _____ **Phone:** _____
Patient Name: _____ **DOB:** _____
Patient Address: _____
Patient Phone: _____

Our practitioners have been assigned by the state of Kentucky to provide qualifying patients with the written certification required when applying for a medical cannabis card.

Providing a referral form and medical records for your patient is appreciated!

The patient has the following qualifying diagnosis:

- Cancer** Any Type or form regardless of stage
- Chronic Pain** severe pain or debilitating pain
- Post-traumatic stress disorder (PTSD)**
- Epilepsy or any other seizure disorder**
- Chronic nausea or cyclical vomiting syndrome**
- Multiple sclerosis, muscle spasms, or spasticity**

One of the following documents or medical records is required:

- Current prescription medication list or prescription history printed from local pharmacy
- Office note(s) to support the qualifying diagnosis
- Past medical history/diagnosis list
- Chronic nausea or cyclical vomiting syndrome

Email Referral To: info@BlueGrassCannaMed.com

Fax Referral To: (502) 576-9959

THANK YOU FOR YOUR REFERRAL!