



Department of Public Health

Low THC Oil Physician Certification Information

To complete a physician certification, physicians:

1. Must have an active MD or DO license with the Georgia Composite Medical Board.
2. Must have a doctor-patient relationship when certifying an individual as needing Low THC Oil.
3. Must be treating an individual for the specific condition listed in the legislation requiring such treatment.
4. Must keep a copy of the physician certification in the patient's medical record.

Low THC Oil Physician Certification Information

As of 3/5/2025

PATIENT INFORMATION (TYPE OR PRINT LEGIBLY)

Patient's Last Name <i>(must match ID)</i>	Patient's First Name <i>(must match ID)</i>	Date of Birth
Patient's Address	Patient's Mailing Address <i>(if different)</i>	
Patient's Telephone	Patient's Email Address	

FIRST CAREGIVER* INFORMATION (TYPE OR PRINT LEGIBLY)

Caregiver's Last Name	Caregiver's First Name	Middle Initial
Caregiver's Address	Caregiver's Mailing Address <i>(if different)</i>	
Caregiver's Telephone	Caregiver's Email Address	

SECOND CAREGIVER* INFORMATION (TYPE OR PRINT LEGIBLY)

Caregiver's Last Name	Caregiver's First Name	Middle Initial
Caregiver's Address	Caregiver's Mailing Address <i>(if different)</i>	
Caregiver's Telephone	Caregiver's Email Address	

PHYSICIAN INFORMATION (TYPE OR PRINT LEGIBLY)

License Number	Last Name	First Name	Middle Initial
Mailing Address			
City	State	Zip Code	
Telephone Number	Fax Number	Email Address	

*Caregiver means the parent, guardian, or legal custodian of an individual who is less than 18 years of age or the legal guardian of an adult.

1. The above-named patient has been diagnosed with and is currently undergoing treatment for:

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| <ul style="list-style-type: none"> — Cancer, when such diagnosis is end stage or the treatment produces related wasting illness or recalcitrant — Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage — Seizure disorders related to diagnosis of epilepsy or trauma related head injuries — Multiple sclerosis, when such diagnosis is severe or end stage — Crohn's disease — Mitochondrial disease — Epidermolysis bullosa — Parkinson's disease, when such diagnosis is severe or end stage — Sickle cell disease, when such diagnosis is severe or end stage | <ul style="list-style-type: none"> — Tourette's syndrome, when such syndrome is diagnosed as severe — Autism spectrum disorder, when (a) patient is 18 years of age or more, or (b) patient is less than 18 years of age and diagnosed with severe autism — Alzheimer's disease, when such disease is severe or end stage — AIDS when such syndrome is severe or end stage — Peripheral neuropathy, when symptoms are severe or end stage — Patient is in hospice program, either as inpatient or outpatient — Intractable pain — Post-traumatic stress disorder (PTSD) resulting from direct exposure to or witnessing of a trauma for a patient who is at least 18 years of age |
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2. Are you going to continue treating the patient following the use of THC Oil? ____Yes ____No

3. Does this patient currently reside in the State of Georgia? ____Yes ____No
If no, is the patient considered a legal resident of Georgia? ____Yes ____No

4. How long have you been treating the patient? _____

5. What other treatments has/does this patient receive(d):

6. Comments: (If no comments, cross through this area to prevent comments after your signature.)

Physician Attestation

I hereby certify that I am a physician fully licensed to practice medicine in Georgia. I have a bona fide physician-patient relationship with the above-named patient in compliance with state statutes. I have assessed this patient's medical history and current medical condition and have performed or reviewed appropriate diagnostic tests in making the above-indicated diagnosis. I conclude that this patient is eligible for the use of low THC oil as provided in Georgia law. This authorization is not a prescription.

Physician's Signature

Date Signed