

Low THC Oil Registry

Physician's User Guide

As of 11/18/24

Contact Information

Website: dph.georgia.gov/low-thc-oil-Registry

Email: THCRegistry@dph.ga.gov

Phone: 770-909-2765



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1

Registering

If you are a returning user, skip to **page 5**. This section is for first-time users only.

1

Create an account in the Low THC Oil Registry by going to:

https://sendss.state.ga.us/ords/sendss/thc.thc_register.

It is highly recommended that Google Chrome be used to access this site.

2

Fill in all fields marked with a red circle and click on the “**Register**” button.

Entering fields incorrectly will prevent the system from automatically approving your account.

The screenshot shows the 'Physician Registration' form on the Georgia Low THC Oil Registry website. The form is titled 'Physician Registration' and includes a red circle icon next to the title. Below the title, there is a message: 'Please complete the registration form below. The ● symbol indicates that a field is required and must be provided.' The form is divided into three main sections: 'Log In Information', 'Physician Information', and 'Physician's Mailing Address'. Each section contains several required fields marked with a red circle. The 'Log In Information' section includes fields for Email address (noted as the username) and Password (must be at least 8 characters long). The 'Physician Information' section includes fields for License Number, Licence Expiration Date (4-digit year required), DEA Number, First Name, Middle Initial, Last Name, Date of Birth (4-digit year required), Last 4 digits of Physician's Social Security Number, and Physician Email. A note states that the Physician Email will be used for communication and must be the Physician's email address, with a checkbox to use the same email as the username. The 'Physician's Mailing Address' section includes fields for Address, Address2, City, County (dropdown menu), State (dropdown menu), Zip Code, Telephone, and Fax. A 'Register' button is located at the bottom of the form.

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Georgia Low THC Oil Registry

Physician Registration

Please complete the registration form below.
The ● symbol indicates that a field is required and must be provided.

Log In Information

- Please enter your Email address: this will be used as your username:
- Please enter a password: - Must be at least 8 characters long

Physician Information

- License Number:
- Licence Expiration Date: / / 4-digit year required
- DEA Number:
- First Name:
- Middle Initial:
- Last Name:
- Date of Birth: / / 4-digit year required
- Last 4 digits of Physician's Social Security Number:
- Physician Email:
This email address will be used by the system to communicate with you and must be the Physician's email address.
 Check here to use same email that was used for your username above.

Physician's Mailing Address

- Address:
- Address2:
- City:
- County:
- State:
- Zip Code:
- Telephone: --
- Fax: --

Register

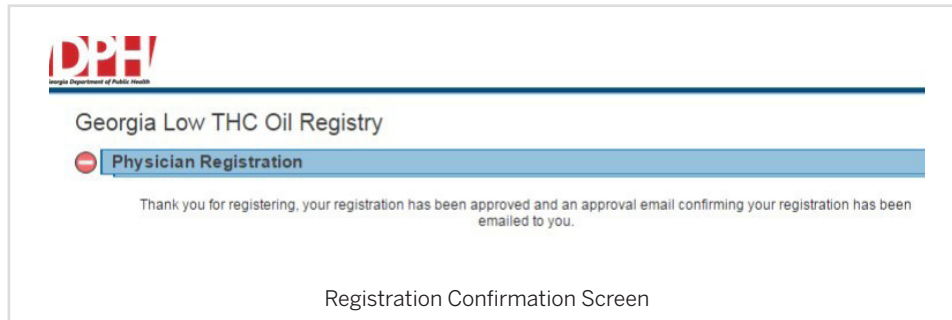
Registration Screen

1

Registering

- 3 Once the registration has been submitted, the screen below will be displayed, and you will receive a confirmation email.

If you did not receive automatic verification or are experiencing issues registering, email THCRegistry@dph.ga.gov or call (770) 909-2765.



2

Logging In

- 1 Log into the Georgia Low THC Oil Registry by going to:
https://sendss.state.ga.us/ords/sendss!/thc.thc_login.
It is highly recommended that Google Chrome be used to access this site.
- 2 Enter the email address and password you created when registering and click **“Login.”***

Georgia Department of Public Health

Georgia Low THC Oil Registry [Help](#)

Login

All physicians should be advised that beginning on March 24th, 2022 the following step will be added to the Low THC Oil patient registration process for both new patients and cards that need renewing:

Each patient registration will include an electronic upload of the individual's and/or the caregiver's photo identification

This step will eliminate patient address errors and will provide a double layer of patient verification.

Thank you for your time and attention to this notification.

If you have an approved account, please login below, if you would like to request an account, please register [Here](#) ←

Please enter your User name:

Please enter your Password:

Login

(If you have forgotten your password:
Please enter your user name above and then click [Here](#))

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Login Screen

*If you have not yet registered, click on the hyperlink **“Please register here,”** which will take you to the registration screen.

For more information, refer to **page 3** of this user guide.

3

Editing Physician Information

- 1 Log into the Georgia Low THC Oil Registry by following the steps from **page 5**.
- 2 Once logged in, click the white plus sign in the red circle next to “Physician Information” on the top left corner.

The screenshot displays the Georgia Low THC Oil Registry interface. At the top left, the DPH logo is visible. The main header reads "Georgia Low THC Oil Registry" with a "Logout" link on the right. Below the header, there are two main sections: "Physician Information" and "Patient List".

The "Physician Information" section is highlighted with a blue background and contains the following details:

- Name:** John Doe
- Address:** 1313 Mockingbird Lane, , Pooler, Chatham, Georgia 31322-
- Lic:** 3.1459 **DOB:** 04/20/1984 **Last4:** 8686 **Expires:** 01/01/2026

The "Patient List" section is also highlighted with a blue background and features a table with columns for "Last Name", "First Name", "Card", and "Status". A filter for "Lst Name" is available, with options from A to Z and "all".

Last Name	First Name	Card	Status
Potts	Heather	1.Heather Potts	NEEDS VERIFYING
Smith Jr	John	1.Denise Smith 2.John Smith	NEEDS VERIFYING PENDING PAYMENT
Turnip	Tim	1.Tim Turnip 2.Samantha Turnip	CARD PRINTED AND SHIPPED CARD PRINTED AND SHIPPED
Casey	Jackson	1.Jackson Casey	CARD PICKED UP
Doe	Jane	1.Jane Doe	CARD CANCELLED
Lopez-Mendez	Victoria	1.Victoria Lopez-Mendez	CARD CANCELLED
Cross	Mary	1.Mary Cross	NEEDS ADDITIONAL DOCUMENTATION
Mansion	Richard	1.Richard Mansion	PENDING PAYMENT

At the bottom right of the patient list, there is a button labeled "Add New Patient".

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Main Screen

3

Editing Physician Information

3 The “Physician Information” window will expand and allow you to edit your information.

4 Once finished, click “Save.”

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Georgia Low THC Oil Registry ▶ Logout

Physician Information

Physician id: 33
Registration Status: APPROVED
License No: 3.1459
License Exp: 01/01/2026 4-digit year required
First Name: John
Last Name: Doe
Middle Initial:
Date of Birth: 04/20/1984 4-digit year required
Last 4 digits of Physician's SSN: 8686
Email (userid): anyphys@someclinic.com
Address1: 1313 Mockingbird Lane
Address2:
City: POOLER
County: Chatham
State: Georgia
Zip Code: 31322
Telephone: 706 -555 -1212
Fax: 706 -555 -1212
Physician Email:
Password: ID10!!

Save

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status
NEEDS VERIFYING		
<input checked="" type="checkbox"/>	Potts Heather	1:Heather Potts NEEDS VERIFYING
<input checked="" type="checkbox"/>	Smith Jr John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT
CARD PRINTED AND SHIPPED		
<input checked="" type="checkbox"/>	Turnip Tim	1:Tim Turnip CARD PRINTED AND SHIPPED 2:Samantha Turnip CARD PRINTED AND SHIPPED

Main Screen

4 Viewing the Main Screen

Once you have logged in, you will be presented with the main screen. Here you can view your **“Patient List,”** which is organized by patient’s card status and last name. The main screen is also used for adding new card requests and editing existing ones. If you are viewing this screen for the first time, this list will be blank.

On the main screen, you can:

- 1 Add a new patient to the Registry. Click on **“Add New Patient.”**
- 2 View or edit an existing patient or caregiver(s) associated with a patient. Click on the **plus sign**.
- 3 Reinstate a patient/caregiver. Click on **“Reinstate Patient”** action button to the left of the patient’s name.
- 4 Renew a patient’s or caregiver’s card. Click on **“Renew”** action button to the left of the patient’s name.
- 5 Cancel a patient’s or caregiver’s card. Click on **“Cancel”** action button to the left of the patient’s name.

Georgia Low THC Oil Registry ▶ Logout

Physician Information

Name: John Doe
Address: 1313 Mockingbird Lane, Pooler, Chatham, Georgia 31322-
Lic: 3.1459 **DOB:** 04/20/1984 **Last4:** 8686 **Expires:** 01/01/2026

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status	
NEEDS VERIFYING			
⊕ Potts	Heather	1:Heather Potts	NEEDS VERIFYING
⊕ Smith Jr	John	1:Denise Smith 2:John Smith	NEEDS VERIFYING PENDING PAYMENT
⊕ Turnip	Tim	1:Tim Turnip 2:Samantha Turnip	CARD PRINTED AND SHIPPED CARD PRINTED AND SHIPPED
CARD PICKED UP			
⊕ Casey	Jackson	1:Jackson Casey	CARD PICKED UP
CARD CANCELLED			
⊕ Doe	Jane	1:Jane Doe	CARD CANCELLED
NEEDS ADDITIONAL			
⊕ Lopez-Mendez	Victoria	1:Victoria Lopez-Mendez	CARD CANCELLED
DOCUMENTATION			
⊕ Cross	Mary	1:Mary Cross	NEEDS ADDITIONAL DOCUMENTATION
PENDING PAYMENT			
⊕ Mansion	Richard	1:Richard Mansion	PENDING PAYMENT

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Main Screen

5

Requesting a Low THC Oil Card

You can add a new patient and submit a Low THC Oil card certification through the main screen. To submit a request, you will need to enter the patient's information, the caregivers' information, and qualifying condition(s).

- 1 To begin new patient certification, click on the **"Add New Patient"** link located on the bottom right side of your main screen under your patient list.

Georgia Low THC Oil Registry ▶ Logout

+ **Physician Information**

Name: John Doe
Address: 1313 Mockingbird Lane, , Pooler, Chatham, Georgia 31322-
Lic: 3.1459 **DOB:** 04/20/1984 **Last4:** 8686 **Expires:** 01/01/2026

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status
<i>NEEDS VERIFYING</i>		
<input type="checkbox"/> Potts	Heather	1:Heather Potts NEEDS VERIFYING
<input type="checkbox"/> Smith Jr	John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT
<i>CARD PRINTED AND SHIPPED</i>		
<input type="checkbox"/> Turnip	Tim	1:Tim Turnip CARD PRINTED AND SHIPPED 2:Samantha Turnip CARD PRINTED AND SHIPPED
<i>CARD PICKED UP</i>		
<input type="checkbox"/> Casey	Jackson	1:Jackson Casey CARD PICKED UP
<i>CARD CANCELLED</i>		
<input type="checkbox"/> Doe	Jane	1:Jane Doe CARD CANCELLED ▶ Reinstate Patient ▶ Renew ▶ Cancel
<input type="checkbox"/> Lopez-Mendez	Victoria	1:Victoria Lopez-Mendez CARD CANCELLED ▶ Reinstate Patient ▶ Renew ▶ Cancel
<i>NEEDS ADDITIONAL</i>		
DOCUMENTATION		
<input type="checkbox"/> Cross	Mary	1:Mary Cross NEEDS ADDITIONAL DOCUMENTATION
<i>PENDING PAYMENT</i>		
<input type="checkbox"/> Mansion	Richard	1:Richard Mansion PENDING PAYMENT

Main Screen

- 2 Enter all patient information shown below.

Patient Id Card Request ▶ Delete this patient

Patient Information:

- First Name:
- Middle Name:
- Last Name:
- Date of Birth:
- ID #:
- Gender:
- Ethnicity:
- Race:
- Street:
- City:
- County:
- State:
- Zip Code:
- Telephone:

Patient Information Section

5

Requesting a Low THC Oil Card

3 Caregiver information

Cards are printed for individuals listed under the “**Caregiver Information**” section. If a patient is over 18 and can administer Low THC Oil themselves, follow step A. If a patient is not over 18 or cannot administer Low THC Oil themselves, follow step B.

- A. Check the box next to “**Check if the patient will be the cardholder and is their own caregiver**” and all patient information will then be copied to the caregiver section.
- B. Do not check the box if the cardholder is different than the patient and enter all caregiver information shown below.

4 Check box if the cardholder’s residential and mailing address are the same, and the residential address will be copied to the mailing address section. If the addresses differ, do not check the box and enter the address that the card should be mailed to.

5 Select the appropriate option for the “**Select Location for Card Delivery**” field for card delivery based on patient’s home address.

- A. If “Send to Caregiver” is selected, card will be shipped to the mailing address on file. A signature is required for delivery, so cardholders must ensure that someone is present to sign for the package.
- B. If a patient or caregiver does not have a secure or permanent home address or uses a P.O. Box, the health department location nearest the cardholder’s residence should be selected.

Caregiver Information:

Caregiver1:
Card Request Status:
Card #:
Location Card sent to:
Issued:
Expires:

Check if the patient will be the cardholder and is their own caregiver

● First Name:
● Middle Name:
● Last Name:
● Date of Birth:
● ID #:

Residential Address

● Street:
● City: Choose One
● County: Choose One
● State: Choose One
● Zip Code:

Mailing Address

Check if the caregiver1 residential and mailing address are same

● Street:
● City: Choose One
● State: Choose One
● Zip Code:
● Telephone:
● Cell Phone:
● Email Address:
● Relationship to Patient: Choose One

● Select Location for Card Delivery: Choose One

File Upload: Front and back of ID
Choose File No file chosen
Upload File

Caregiver Information Section

5

Requesting a Low THC Oil Card

6 Upload both the front and the back of the patient's and caregiver's valid driver's license, state issued identification, or other forms of identification such as a passport or military ID.

If using a form of identification that does not include a Georgia address, individual must provide a document showing Georgia residency (utility bill, phone bill, pay stub). The document must show the cardholder's full name and street address.

Second Caregiver Information:

First Name:

Middle Name:

Last Name:

Date of Birth: / /

ID #:

Residential Address

Street:

City: Choose One

County: Choose One

State: Choose One

Zip Code:

Mailing Address

Check if the caregiver's residential and mailing address are same

Street:

City: Choose One

State: Choose One

Zip Code:

Telephone: /

Cell Phone: /

Email Address:

Relationship to Patient: Choose One

Select Location for Card Delivery: Choose One

File Upload: Front and back of ID

Second Caregiver Information Section

7 Check all diagnoses that the patient is being treated for in the patient information section, and enter the date when the diagnosis was made, to the best of your knowledge.

Additional Patient Information:

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

Cancer, when such diagnosis is end stage or the treatment produces related wasting illness or recalcitrant nausea and vomiting
 / / To the best of your knowledge when patient was diagnosed:

Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

Seizure disorders related to diagnosis of **epilepsy** or **trauma** related head injuries
 / / To the best of your knowledge when patient was diagnosed:

Multiple sclerosis, when such diagnosis is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

Crohn's disease
 / / To the best of your knowledge when patient was diagnosed:

Mitochondrial disease
 / / To the best of your knowledge when patient was diagnosed:

Parkinson's disease, when such diagnosis is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

Sickle cell disease, when such diagnosis is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

Alzheimer's disease, when such disease is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

AIDS, when such syndrome is severe or end stage
 / / To the best of your knowledge when patient was diagnosed:

Additional Patient Information Section

5

Requesting a Low THC Oil Card

8 Answer questions 2, 3, 3a, and 4. If “**No**” is selected for question 2 or 3a, the patient is ineligible to use or carry Low THC Oil.

2. Georgia law requires that there be a continuing doctor-patient relationship in order to certify that a patient is eligible for the use of low THC oil. Are you going to continue treating this patient? ▼

3. Does this patient currently reside in the State of Georgia? ▼

3a. If no, is the patient considered a legal resident of Georgia?: ▼

4. How long have you been treating the patient? Years Months

Additional Patient Information Section

9 Enter any additional treatments the patient has received or is receiving for question 5 and add any relevant comments for question 6.

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

6. Comments:

Additional Patient Information Section

10 Check both boxes to indicate the patient has a signed and notarized waiver required by the Composite Medical Board, and you, as the patient’s physician, attest to the requirements needed to submit a Low THC Oil certification.

Waiver:
 Check if you and your patient have signed a waiver, as required by the Composite Medical Board.

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.

Please note that it can take up to 10 business days for patients to receive their cards. For any inquiries regarding card status, patients can contact DPH at (770) 909-2765 or at THCRegistry@dph.ga.gov.

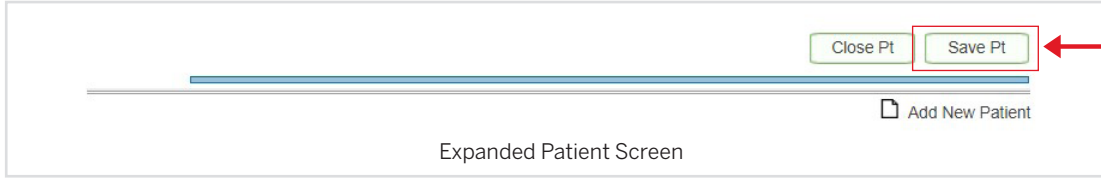
Additional Patient Information Section

5

Requesting a Low THC Oil Card

11

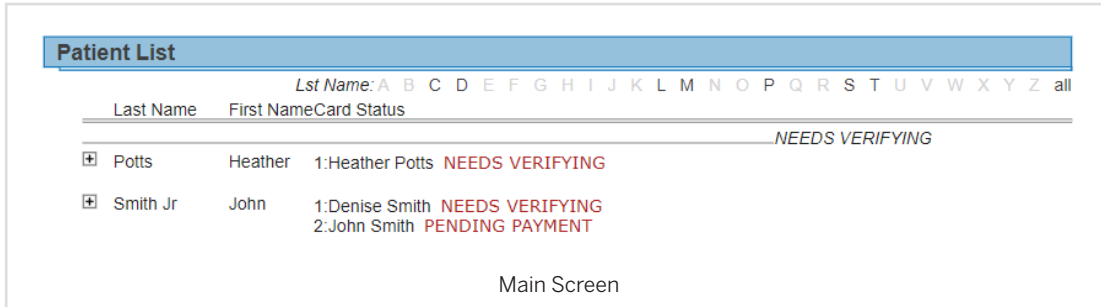
Click the **“Save Pt”** button. If any of the validations fail, you will be notified by a pop-up box, noting what you need to correct. Make the corrections and click **“Save Pt”** again.



6

Refreshing the Patient List

When saving new certification requests to the Registry, the screen will refresh and display the new record within the **“Patient List.”**



7

Viewing Card Status

Once a patient is certified, the status of their card can be viewed in your patient list. It will appear in one of the categories below:

Needs Verifying – The request has been made and routed to Low THC Oil Program

Needs Additional Documentation – The request is missing the required documentation and the Low THC Oil Program needs to be contacted before the card can be processed

Card Printed and Shipped – Payment has been processed; and card has been printed and is being sent to the mailing address on file or the pick-up location

Card Picked Up – The card has been delivered or picked up at the selected location

Unable To Contact – A representative of Low THC Oil Program was unable to contact the cardholder and the request is currently on hold

Card Expired – The card expired

Card Cancelled – The card has been cancelled and is no longer valid

Pending Payment – Email with link to payment portal has been sent and payment is pending with cardholder

Editing a Low THC Oil Patient Record

- 1 Locate the patient and click on the **plus sign** to open the record.

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card	Status
NEEDS VERIFYING			
<input checked="" type="checkbox"/>	Potts	Heather	1:Heather Potts NEEDS VERIFYING
<input checked="" type="checkbox"/>	Smith Jr	John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT

Main Screen

- 2 Make the required changes to the request, scroll down to the bottom of the form and click on **“Save Pt.”**

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card	Status
NEEDS VERIFYING			
<input checked="" type="checkbox"/>	Potts	Heather	1:Heather Potts NEEDS VERIFYING
<input checked="" type="checkbox"/>	Smith Jr	John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT

Patient Id Card Request

Physician Treating this Patient:

Doe, John
1313 Mockingbird Lane
Pooler, GA 31322
(706) 555-1212 (706) 555-1212
anypphys@someclinic.com

▶ Delete this patient

Patient Information:

First Name:

Middle Name:

Last Name:

Date of Birth: / /

ID #:

Gender:

Ethnicity:

Race:

Street:

City:

County:

State:

Zip Code:

Telephone: - -

Fax: - -

Email:

Add New Patient

Expanded Patient Screen

Editing Caregiver Information in the Low THC Oil Patient Record

To add, remove, change, or edit information for a patient's caregiver(s), follow these steps:

- 1 Locate the patient and click on the **plus sign** to open the record.

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status
+	Potts Heather	1:Heather Potts NEEDS VERIFYING
+	Smith Jr John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT

NEEDS VERIFYING

Main Screen

- 2 Scroll down to “**Caregiver Information**” section or “**Second Caregiver Information**” section to edit the appropriate caregiver.

Caregiver Information:

Caregiver1: Denise Smith
Card Request Status: NEEDS VERIFYING
Card #:
Location Card sent to:
Issued:
Expires:

First Name: Denise
Middle Name:
Last Name: Smith
Date of Birth: 04 / 21 / 1999
ID #: 123123123

Residential Address
Street: 123 road rd
City: Marietta
County: Cobb
State: Georgia
Zip Code: 30008

Mailing Address
Street: 123 road rd
City: Marietta
State: Georgia
Zip Code: 30008
Telephone: 123 - 123 - 1234
Cell Phone: 123 - 123 - 1234
Email Address: denisesmith@gmail.com

Relationship to Patient: Parent
Select Location for Card Delivery: Send To Caregiver

File Upload: Front and back of ID
Choose File No file chosen [Sample_DL.jpg](#)
Upload File

Expanded Patient Screen

Editing Caregiver Information in the Low THC Oil Patient Record

- 3 Manually edit the record by inputting current caregiver information, replacing it with a new caregiver, or deleting caregiver information all together.

You can delete the second caregiver if a patient no longer requires two caregivers. If a patient needs to switch to a different caregiver, replace the first caregiver information with the new caregiver's information.

Second Caregiver Information:

Caregiver2: John Smith
 Card Request Status: PENDING PAYMENT
 Card #:
 Location Card sent to:
 Issued:
 Expires:

First Name: John
 Middle Name:
 Last Name: Smith
 Date of Birth: 11 / 17 / 1996
 ID #: 123123124

Residential Address
 Street: 123 road rd
 City: Marietta
 County: Cobb
 State: Georgia
 Zip Code: 30008

Mailing Address
 Street: 123 road rd
 City: Marietta
 State: Georgia
 Zip Code: 30008
 Telephone: 123 - 123 - 1235
 Cell Phone: 123 - 123 - 1235
 Email Address: jonsmith@gmail.com
 Relationship to Patient: Parent
 Select Location for Card Delivery: Send To Caregiver

File Upload: Front and back of ID
 Choose File No file chosen [Sample_DL.jpg](#)
 Upload File

Expanded Patient Screen

- 4 Make the required changes and scroll down to the bottom of the form to click on "Save Pt."

Close Pt Save Pt

Add New Patient

Expanded Patient Screen

10 Renewing a Low THC Oil Patient

- 1 Locate the patient on the main screen to find the action buttons to the right of the patient's name.
- 2 Click **“Renew.”**
The Renew button will populate 60 days prior to the card's expiration date. Selecting this button will change the patient's/caregiver's status to **“Needs Verifying.”**

The screenshot shows the Georgia Low THC Oil Registry interface. At the top, there is a header with the DPH logo and the text 'Georgia Low THC Oil Registry'. Below this is a 'Physician Information' section for John Doe, including his address, license number (3.1459), DOB (04/20/1984), last4 (8686), and expiration date (01/01/2026). The main section is the 'Patient List', which is a table with columns for Last Name, First Name, Card Status, and a list of caregivers. The table is filtered by 'Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all'. A red arrow points to the 'Renew' button in the actions column for the patient Jane Doe, who has a 'CARD CANCELLED' status. Other patients in the list include Heather Potts (NEEDS VERIFYING), John Smith Jr (NEEDS VERIFYING), Tim Turnip (CARD PRINTED AND SHIPPED), Jackson Casey (CARD PICKED UP), Victoria Lopez-Mendez (CARD CANCELLED), Mary Cross (NEEDS ADDITIONAL DOCUMENTATION), and Richard Mansion (PENDING PAYMENT). At the bottom right of the patient list, there is an 'Add New Patient' button.

Last Name	First Name	Card Status	Actions
Potts	Heather	1.Heather Potts NEEDS VERIFYING	
Smith Jr	John	1.Denise Smith NEEDS VERIFYING 2.John Smith PENDING PAYMENT	
Turnip	Tim	1.Tim Turnip CARD PRINTED AND SHIPPED 2.Samantha Turnip CARD PRINTED AND SHIPPED	
Casey	Jackson	1.Jackson Casey CARD PICKED UP	
Doe	Jane	1.Jane Doe CARD CANCELLED	Reinstate Patient Renew Cancel
Lopez-Mendez	Victoria	1.Victoria Lopez-Mendez CARD CANCELLED	Reinstate Patient Renew Cancel
Cross	Mary	1.Mary Cross NEEDS ADDITIONAL DOCUMENTATION	
Mansion	Richard	1.Richard Mansion PENDING PAYMENT	

Patients that require their card re-printed need to email THCRegistry@dph.ga.gov or call the Low THC Oil Program at (770) 909-2765.

Canceling a Low THC Oil Card

Patients' cards need to be canceled if they no longer use Low THC Oil, have moved out of state or have died. Canceling a patient's card will change the patient's/caregiver's status to **"Card Cancelled."**

Cancellation of a card will immediately cause a card to appear as "Invalid" to Law Enforcement.

- 1 Locate the patient on the main screen to find the action buttons to the right of the patient's name.
- 2 Click **"Cancel."**

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status	
+	Potts Heather	1:Heather Potts NEEDS VERIFYING	NEEDS VERIFYING
+	Smith Jr John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT	CARD PRINTED AND SHIPPED
+	Turnip Tim	1:Tim Turnip CARD PRINTED AND SHIPPED 2:Samantha Turnip CARD PRINTED AND SHIPPED	CARD PICKED UP
+	Casey Jackson	1:Jackson Casey CARD PICKED UP	CARD CANCELLED
+	Doe Jane	1:Jane Doe CARD CANCELLED	▶ Reinstiate Patient ▶ Renew Cancel ←
+	Lopez-MendezVictoria	1:Victoria Lopez-Mendez CARD CANCELLED	▶ Reinstiate Patient ▶ Renew ▶ Cancel
DOCUMENTATION			
+	Cross Mary	1:Mary Cross NEEDS ADDITIONAL DOCUMENTATION	NEEDS ADDITIONAL
+	Mansion Richard	1:Richard Mansion PENDING PAYMENT	PENDING PAYMENT

Add New Patient

Main Screen

- 3 Select the reason for cancellation from the available choices and click **"Cancel Patient"** on top.

+

Doe Jane 1:Jane Doe NEEDS VERIFYING

▶ Cancel Patient ←

Reason for Cancellation: ←

Died Moved Declined
 Non-compliant

Expanded patient screen

- 4 Click **"OK"** on a pop-up confirming the cancellation of the patient.

sendss.state.ga.us says

Are you sure you want to cancel this patient?

→ **OK** Cancel

Reinstating a Patient in the Low THC Oil Registry

You can reinstate a patient whose card has been canceled if the patient meets qualifications for certification.

1 Locate the patient on the main screen to find the action buttons to the right of the patient's name.

2 Click **“Reinstate Patient.”**

Selecting this button will change the patient's/caregiver's status to **“Needs Verifying.”**

Patient List
Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status	
<i>NEEDS VERIFYING</i>			
⊕ Potts	Heather	1:Heather Potts NEEDS VERIFYING	
⊕ Smith Jr	John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT	
<i>CARD PRINTED AND SHIPPED</i>			
⊕ Turnip	Tim	1:Tim Turnip CARD PRINTED AND SHIPPED 2:Samantha Turnip CARD PRINTED AND SHIPPED	
<i>CARD PICKED UP</i>			
⊕ Casey	Jackson	1:Jackson Casey CARD PICKED UP	
<i>CARD CANCELLED</i>			
⊕ Doe	Jane	1:Jane Doe CARD CANCELLED	▶ Reinstate Patient ▶ Renew ▶ Cancel
⊕ Lopez-Mendez	Victoria	1:Victoria Lopez-Mendez CARD CANCELLED	▶ Reinstate Patient ▶ Renew ▶ Cancel
<i>NEEDS ADDITIONAL</i>			
<i>DOCUMENTATION</i>			
⊕ Cross	Mary	1:Mary Cross NEEDS ADDITIONAL DOCUMENTATION	
<i>PENDING PAYMENT</i>			
⊕ Mansion	Richard	1:Richard Mansion PENDING PAYMENT	

📄 Add New Patient

Main Screen

13 Deleting a Patient From the Registry

Deleting a patient from the Registry will remove their information permanently. Only delete patients if wrong information was entered or wrong ID/photo was uploaded.

- 1 Locate the patient on the main screen and click on the **plus sign** to the left of their name.
- 2 Click **“Delete this patient”** on the bottom of **“Physician Treating this Patient”** information and to the right of **“Patient Information:”**

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all

Last Name	First Name	Card Status
Potts	Heather	1:Heather Potts NEEDS VERIFYING
Smith Jr	John	1:Denise Smith NEEDS VERIFYING 2:John Smith PENDING PAYMENT

Patient Id Card Request

Physician Treating this Patient:

Doe, John
1313 Mockingbird Lane
Pooler, GA 31322
(706) 555-1212 (706) 555-1212
anypphys@someclinic.com

Patient Information:

First Name: John
Middle Name:
Last Name: Smith Jr
Date of Birth: 10 / 12 / 2019
ID #: N/A
Gender: Male
Ethnicity: Non-Hispanic
Race: White
Street: 123 road rd
City: Marietta
County: Cobb
State: Georgia
Zip Code: 30008
Telephone: 123 - 123 - 1234
Fax:
Email: denisesmith@gmail.com

Delete this patient

Expanded Patient Screen

Logging Out of the System

Once you have finished using the system, it is important you log out correctly to avoid unauthorized access to the Registry.

Click **“Logout”** on the upper right corner of the Main Screen to close the current session.

Georgia Low THC Oil Registry ▶ Logout

Physician Information

Name: John Doe
Address: 1313 Mockingbird Lane, Pooler, Chatham, Georgia 31322-
Lic: 3.1459 **DOB:** 04/20/1984 **Last4:** 8686 **Expires:** 01/01/2026

Patient List

Lst Name: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z all			
Last Name	First Name	Card	Status
NEEDS VERIFYING			
☐ Potts	Heather	1:Heather Potts	NEEDS VERIFYING
☐ Smith Jr	John	1:Denise Smith 2:John Smith	NEEDS VERIFYING PENDING PAYMENT
CARD PRINTED AND SHIPPED			
☐ Turnip	Tim	1:Tim Turnip 2:Samantha Turnip	CARD PRINTED AND SHIPPED CARD PRINTED AND SHIPPED
CARD PICKED UP			
☐ Casey	Jackson	1:Jackson Casey	CARD PICKED UP
CARD CANCELLED			
☐ Doe	Jane	1:Jane Doe	CARD CANCELLED ▶ Reinstatement Patient ▶ Renew ▶ Cancel
☐ Lopez-Mendez	Victoria	1:Victoria Lopez-Mendez	CARD CANCELLED ▶ Reinstatement Patient ▶ Renew ▶ Cancel
NEEDS ADDITIONAL			
DOCUMENTATION			
☐ Cross	Mary	1:Mary Cross	NEEDS ADDITIONAL DOCUMENTATION
PENDING PAYMENT			
☐ Mansion	Richard	1:Richard Mansion	PENDING PAYMENT

Add New Patient

Main Screen