

**Francis D'Ambrosio M.D.**  
Phone: (310) 346-6020



22837 Pacific Coast Hwy  
90265 Malibu CA

**PATIENT ID: 3203 1681 4635**

This certifies that **ELANA MILLER** was evaluated in my office for a medical condition, which in my professional opinion, may benefit from the use of medical marijuana. It is my assessment that the above-mentioned patient qualifies under California Health and Safety Code Section 11362.5 for the use of cannabis for medical purposes. If the patient chooses to use marijuana therapeutically, I will continue to monitor his/her medical condition and to provide advice on his/her progress at least annually. I act only as a consultant, not as primary care provider. This patient assumes full responsibility for any and all risks associated with this treatment option. I have discussed the potential medical benefits and risks of marijuana use.

This patient hereby authorizes this office to discuss the nature of their condition(s) and the information contained in this document only for verification purposes. This is a non-transferable document. It is the property of the physician indicated and can be revoked at any time without notice. Void after expiration date, or if altered or misused. Please direct all questions to the office that issued this recommendation.

This medical document identifies this individual as a patient whose possession and/or cultivation of medical cannabis is permissible pursuant to California Health and Safety Code Section 11362.5, Compassionate Use Act of 1996 (i.e., Prop 215) and Senate Bill 420.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

A handwritten signature in cursive script, appearing to read "Francis D'Ambrosio", written over a horizontal line.

LICENSE: **G73590**

STATEMENT ISSUE DATE: **08/26/2016**

RECOMMENDATION LENGTH: **1 Year**

EXPIRATION DATE: **08/26/2017**

PATIENT ID NUMBER: **3203 1681 4635**

**TO VERIFY THIS RECOMMENDATION**

24-Hour Online Verification: <https://getnugg.com/verify>

