



**The Hemp and
Cannabis Foundation**
Legalize. Regulate. Educate.

Medical Records Cover Sheet

Please write legibly!

If we don't get this information with your records, it may delay the review.

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Area Code: _____ Phone Number: _____

What state do you live in? _____

PLEASE DO NOT FAX MORE THAN 25 PAGES OF RECORDS!

**We need THREE chart notes about your qualifying condition,
as recent as possible. Nothing older than 3 years can be considered.**