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**To whom it may concern**

This is to confirm that the above patient has been prescribed medicinal cannabis as per the regulations set out by the Home Office, Department of Health and MHRA (Medicines and Health Regulatory Agency). This is to confirm once again that this medication is allowed by law for patients who have tried and failed conventional medical treatment as an unlicensed product. The patient has been under my care since September 2020 and has benefitted greatly from medicinal cannabis. Most recently I have prescribed some BOL MVA Dried Indica flower THC20:CBD4% for the patient to vape 0.2g as required up to a maximum of 1g daily. The patient is also part of the research trial Project 2021.

In clinic we had a candid and extensive discussion lasting an hour about a possible trial role for cannabis based medicinal products for the patient's pain. We agreed that we would proceed with a trial for medicinal based cannabis products. We discussed and agreed to the following points of order for the treatment.

1. I acknowledge and consent to the prescribing Specialist communicating with my GP details of my consultation and medication prescribed.
2. I agree to receive a prescription for medical cannabis if it is recommended and prescribed by my designated Specialist ("the Specialist"). The benefits and risks of taking medical cannabis have been discussed with me. I agree to produce original and current photographic ID at each consultation.
3. I agree to consume no more cannabis (medical or otherwise) than the dose prescribed to me by the Specialist. I will not request a repeat prescription until the time frame agreed by the prescribing Specialist.
4. It has been explained to me, and I understand that the potential side effects from the use of medical cannabis include, but are not limited to, the following; dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing

complex tasks, suppression of the body's immune system, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness.

5. It has been explained to me and I understand that smoking cannabis may cause respiratory problems and harm, including; bronchitis, emphysema and laryngitis. In the opinion of many researchers, cannabis smoke contains known carcinogens (chemicals that cause cancer) and smoking cannabis may increase the risk of respiratory disease and cancer. The Medical Cannabis Clinics do not consider smoking cannabis an appropriate use of any medical cannabis.
6. It has been explained to me and I understand that a risk of taking medical cannabis is that individuals may develop a tolerance to and/or dependence on cannabis containing THC. If I develop signs of withdrawal which can include, but are not limited to the following: feelings of depression, irritability, insomnia, restlessness, loss of appetite, trouble concentration, sleep disturbance and unusual tiredness, I understand that I should contact my Specialist and/or my GP as soon as possible, to seek professional advice and care. Even if I do not experience the above symptoms, I will contact my Specialist /GP should I develop any other concerns about my intake of medicinal cannabis.
7. It has been explained to me and I understand that symptoms of cannabis overdose include, but are not limited to the following: nausea, vomiting, hacking cough, disturbance in heart rhythm, numbness in hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience any of these symptoms, I agree to contact my GP, or in the case of an emergency, call 999 or go to the nearest Accident and Emergency department.
8. I agree not to distribute or share the medical cannabis prescribed to me with any other person, whether for personal use or for resale. I am aware that redistribution of cannabis is an illegal activity. Should the The Medical Cannabis Clinics or my Specialist learn of any illegal activities, I understand that the police will be informed accordingly.
9. I agree to the safe storage of my medical cannabis, in a locked container in a secure location for which only I have the key.
10. I agree to attend a review appointment with the Specialist three weeks after my initial consultation, and thereafter a monthly (or as recommended) follow up appointment with my Specialist as recommended by them.
11. I agree to inform the Specialist of any altered mental state or medical side effects I may experience when using medical cannabis.
12. I accept any risks associated with the use of medical cannabis, as discussed with me by the Specialist.
13. I am aware that the Specialist may discontinue my prescription for medical cannabis if he or she considers, in their professional opinion, that the medical or mental health risks to me are too high, or if my medical and/or mental health changes from the time of original assessment and prescription.
14. I agree to attend an appointment with a qualified physician or therapist at the request of the Specialist, if it is considered appropriate as part of my on-going medical treatment plan. Failure to attend may result in the suspension of my prescription for medical cannabis.

Yours sincerely,

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