

Appt. Time: _____ Date: _____ FOLLOW UP

Cost of Service: \$ _____ Service : \$79 Pre-Registration : \$25

PAID WITH: CASH Location: HOLLAND



PURE WEST
840 N Black River Dr Suite 90
Holland, MI 49424
616-772-4422
purewestclub@gmail.com

OFFICE NOTES: _____

CK IN _____ QUE CK _____ CK OUT _____

PATIENT GENERAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt #: _____ Date Of Birth: _____

City: _____ State: _____ Zip: _____ Sex: Male Female

DL: _____ Phone No.: _____ E-Mail: _____

Are you a Veteran? Yes No

Emergency Contact: Name: _____ Phone No. _____

How did you hear about PURE WEST (please be specific).
Google Search Get Legal America Marijuana Doctors.com
Leafly Weed Maps MMMP Report

Other: _____

Do you have a Caregiver? Yes _____ No _____

If Yes, please provide First and Last name _____ D.O.B. _____

Address _____ Phone Number _____

Email Address _____

What is your qualifying medical condition: _____

How long have you had your MMMP card? _____

Please list any procedures or surgeries you have had in the last year: _____

Please list any new diagnoses or conditions _____

What modes of administration do you use (circle all that apply) Smoke Vaporiser Edibles Topicals

Are you experiencing any negative side effects from marijuana? _____



“No marijuana-related legal action pending” Agreement

By signing below, I, _____, assert that as of today, the ____ day of _____ in the year _____, I have NO marijuana-related legal issues pending in the courts of any level of government.

Examples of pending marijuana-related legal issues include, but are not limited to: unresolved misdemeanor or felony criminal charges stemming from the growing, possessing or operating a vehicle under the influence of marijuana, probation violation hearings concerning testing positive for marijuana activity (medical or otherwise) and civil actions against employers or former employers concerning termination of employment relating to your status as a medical marijuana patient.

I understand that according to the Michigan Medical Marijuana Act’s affirmative defense outlined in MCL 333.76428(a)(1), a bona-fide patient-doctor relationship must be established by any defendant/patient who seeks to have his criminal charges successfully dismissed under the MMMA. I understand and agree that breaching this agreement will render null and void any bona-fide patient-doctor relationship that may have existed between myself and the physicians at Pure West Compassion Clinic at the time of service.

I also further assert that any and all information I give pertaining to my “qualifying condition” as defined by the State of Michigan, is accurate and complete.

I further understand that should an applicable court refuse to dismiss a pending criminal charge as a result of the contents of this agreement, I will hold Pure West Compassion Clinic harmless for the legal consequences associated with my potential sentence, incarceration, civil forfeiture, fines, restitution, court and attorney costs.

This agreement pertains to treatment and services provided by Pure West Compassion Clinic – a Michigan Corporation.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Pure West Compassion Clinic