

FORM INSTRUCTIONS

Option 1

Submit form with Adobe Acrobat

- Save the pdf to your computer (see instructions below)
- Open in Adobe Acrobat and fill out
- hit submit

Option 2

Use your browser

- Fill out the form in your browser
- Save the pdf to your computer (see instructions below)
- Attach the pdf to an email and email it to
info@maringardens.org

If you do not already have Adobe Acrobat installed on your computer
you can download it for free from this link:

<https://acrobat.adobe.com/us/en/products/pdf-reader.html>

To save the pdf to your computer:

Click on the Save/Download icon in the top right corner of the pdf
in your browser window

(the icons may look slightly different
depending on the browser you are using)



GOOGLE CHROME



FIREFOX

Marin Gardens

Intake Information

Last Name: _____ Middle Initial: _____

First Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____ Email Address: _____

CA Driver's License/ID Card # _____ Exp. Date: _____

Do you have a Medical Marijuana Identification Card issued by the County Health Dept.? No ___ Yes ___

If yes, Card No.: _____ Exp. Date: _____ Name of county issuing card: _____

Physician's Information

Physician Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Medical License No.: _____ * Recommendation Expiration Date: _____

Recommendation No.: _____

Website For Verification: _____

Verification of Doctor's Recommendation

Patient received by: _____ Physician contacted by: _____ Verified? Yes ___ No ___

Verification of State Medical Marijuana Identification Card Does patient have an MMIC issued by the County Health Dept.? Yes No Checked by: _____ Verified? Yes No Date: _____
Time: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature

Date