

Maine Medical Use of Marijuana
Program
INDIVIDUAL CAREGIVER



Caregiver Registration Card in the Name of:
LEVI J. LEVESQUE
193 NEW GORHAM RD
WESTBROOK, ME 04092-2213
Registration #: CGI002613 Control #: 0364697
Issued: 3/28/2014 Expires: 3/27/2015 DOB: 4/30/1989

Maine Medical Use of Marijuana
Program
INDIVIDUAL CAREGIVER



Caregiver Registration Card in the Name of:
LEVI J. LEVESQUE
193 NEW GORHAM RD
WESTBROOK, ME 04092-2213
Registration #: CGI002614 Control #: 0135427
Issued: 3/28/2014 Expires: 3/27/2015 DOB: 4/30/1989

Maine Medical Use of Marijuana
Program
INDIVIDUAL CAREGIVER



Caregiver Registration Card in the Name of:
LEVI J. LEVESQUE
193 NEW GORHAM RD
WESTBROOK, ME 04092-2213
Registration #: CGI002615 Control #: 0718756
Issued: 3/28/2014 Expires: 3/27/2015 DOB: 4/30/1989

Maine Medical Use of Marijuana
Program
INDIVIDUAL CAREGIVER



Caregiver Registration Card in the Name of:
LEVI J. LEVESQUE
193 NEW GORHAM RD
WESTBROOK, ME 04092-2213
Registration #: CGI002611 Control #: 0237372
Issued: 3/28/2014 Expires: 3/27/2015 DOB: 4/30/1989

Maine Medical Use of Marijuana
Program
INDIVIDUAL CAREGIVER



Caregiver Registration Card in the Name of:
LEVI J. LEVESQUE
193 NEW GORHAM RD
WESTBROOK, ME 04092-2213
Registration #: CGI002612 Control #: 0861829
Issued: 3/28/2014 Expires: 3/27/2015 DOB: 4/30/1989

By presenting this card, I agree that I am lawfully participating in the Maine Medical Use of Marijuana Act, 22 M.R.S.A. Chapter 558-C. I agree not to sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter.

By presenting this card, I agree that I am lawfully participating in the Maine Medical Use of Marijuana Act, 22 M.R.S.A. Chapter 558-C. I agree not to sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter.

By presenting this card, I agree that I am lawfully participating in the Maine Medical Use of Marijuana Act, 22 M.R.S.A. Chapter 558-C. I agree not to sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter.

By presenting this card, I agree that I am lawfully participating in the Maine Medical Use of Marijuana Act, 22 M.R.S.A. Chapter 558-C. I agree not to sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter.

By presenting this card, I agree that I am lawfully participating in the Maine Medical Use of Marijuana Act, 22 M.R.S.A. Chapter 558-C. I agree not to sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter.



Department of Health
and Human Services
Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary E. Mayhew, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services - MMMP
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333
Tel: (207) 287-9300; Toll Free: 1-800-791-4080
Fax: (207) 287-2671; TTY: 1-800-606-0215



Medical Marijuana Program Physician Certification

Physician's Name David L. Phillips II M.D.

DEA Number: AP 3232711

Indicate if M.D. or D.O.

Physician's Address
(street) 10 Plaza Drive, Suite 104

(city, state, zip code) Scarborough, ME 04070

Telephone: (207) 885-5255

Physician's Mailing Address (if different than above):

PO Box 325

(city, state, zip code) Scarborough, ME 04070

Patient Information

Patient's Name:
Levi Levesque

Patient's Date of Birth:
4/30/89

Patient's Address in Physician's Records

14 Hemon Cobb Rd Windham Maine 04062

Expiration

Date of expiration of certification (12 months from date of physician's signature)

3/10/15

Patients must have specific diagnoses or conditions to be certified for the Medical Use of Marijuana Program. Those conditions include cancer, glaucoma, ALS, crohn's, HIV positive status, hepatitis C, agitation of Alzheimer's disease, nail-patella syndrome, intractable pain, or a chronic or debilitating disease or medical condition or its treatment that produces cachexia, severe nausea, seizures (such as those characteristic of epilepsy) or severe and persistent muscle spasms (such as those characteristic of multiple sclerosis). If your patient does not have one of these qualifying conditions, you may contact the department for information on how to petition for the inclusion of additional conditions.

Evidence of your assessment, diagnosis and treatment of the condition for which you certify this patient for the use of medical marijuana must be found in the patient's medical record. By signing this form, you certify that you are the physician for the above-named patient, and have a bonafide physician/patient relationship. Based on your assessment, diagnosis and treatment of this patient, it is your conclusion that the applicant may benefit from the medical use of marijuana and has a qualifying debilitating condition. You agree to monitor the patient's medical condition. You agree you have cautioned this patient not to engage in hazardous activities while under the influence of marijuana.

Printed Name: David L. Phillips II MD

Signature:

Date: 3/10/14

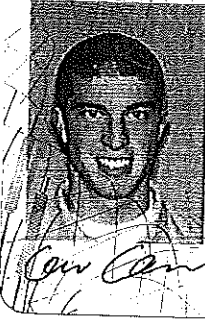
Revised: Rules and Regulations: Maine.gov/dhhs/dlrs/mmmp/

MAINE

DRIVER'S
LICENSE

USA
ME

Matthew Dunlap, Secretary of State



1 LEVESQUE
2 LEVI J
3 14 HEMON COBB ROAD
4 WINDHAM, ME 04062

5d 9038296

4a ISSUED
01/11/2013

4b EXPIRES
04/30/2017

3 DOB
04/30/1989

15 GENDER 16 HEIGHT 17 WEIGHT 18 EYES 19 HAIR
M 5'09" 155 BR BR

Car

9 CLASS C
12 REST.

9a ENDS

ORGAN
DONOR

