

Tammi Davis, M.D.
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Suite 203B
Owings Mills, MD 21117
Board Certified Family Physician/ Medical Acupuncturist
410-591-3406
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Tammi Davis, M.D., LLC

Date: _____

Your patient has requested consultation from me. Could you please fax back your records pertaining to your patient's following diagnosis : _____
_____. Please include relevant progress notes, specialist consultation notes, and any pertinent labs/imaging studies for the purpose of evaluation for medical cannabis eligibility.

Thank you,

Tammi Davis, M.D.

I do hereby consent and authorize the release of my medical records to Tammi Davis, M.D., LLC for the purpose of evaluation for medical cannabis eligibility.

Patient Name Printed

Date

Patient's Signature