



The Herbal Clinic, MD

Organically engineered to restore your health.

Registration # _____ Order dates _____

Register for your card, download DOH forms from our website

www.theherbalclinicmd.com The video password is thcmdpatient

Dispensaries: Knox Medical 1-888-441-5669 Trulieve 1-844-878-5438

Surterra 1-850-391-5455 Aphria 1-855-524-8633

EXPLAIN YOUR CONDITION TO THE DISPENSARY TO HELP CHOOSE PRODUCTS THAT ARE BEST SUITED FOR YOU

- 1. DO NOT STOP OTHER MEDICATIONS.** The doctor will assist with reduction of these upon follow up visits.
- 2. CALL IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATIONS.**
- 3. Start with a low dose and increase dose by 50 % every 4 days if needed until you get results.**

Start with _____ drops CBD/THC of each _____ times per day.
Every 4 days increase by _____ drops CBD/THC of each. If using a vaporizer start with _____ draw(s) _____ times per day increase by _____ draw(s) every 4 days.

Remember to "Vape to Escape" especially if you have PTSD.

- 4. If you regularly use cannabis, stop for 4 days before starting medical cannabis.**
- 5. If you take blood thinners please be aware increased bleeding may occur and dose of blood thinner may need to be adjusted.**
- 6. Call us in 2 weeks and let us know how you are doing.**
- 7. Keep a logbook of what does and does not work for you.**
- 8. Follow up visits are \$125, pay in advance 727-861-1000.**
- 9. Follow up appointment _____**