



Colorado Department  
of Public Health  
and Environment

## COLORADO MEDICAL MARIJUANA REGISTRY

### Request for Patient Information

#### Instructions:

A patient may request copies of their records contained in the Registry by completing this form, having it notarized, and submitting it to the Registry along with a legible photocopy of the patient's Colorado driver's license or ID. Please mail or deliver to:

Colorado Department of Public Health and Environment  
Medical Marijuana Registry [or MMR], HSVRD-MMP-A1  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

Incomplete forms, forms without ID, forms that are not notarized, faxes and emails will not be accepted. The cost is 25 cents per page (waived for requests of less than 10 pages). You will be notified of the cost. Payment must be received prior to issuance.

#### Patient Information

Full Name (Last, First, Middle)	
Address	
City, State, Zip	
Social Security Number	
Telephone Number	
Email address	

**Request** – Please describe the types of information you wish to receive copies of:

I certify the above information is true and correct, and that I am the patient about whose information this request involves.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

The Signature of Patient has been subscribed and affirmed before me in the county of \_\_\_\_\_,  
State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's Official Signature)

\_\_\_\_\_  
(Commission expiration date)

Affix Notary Seal