

PATIENT & CAREGIVER PURCHASE DISCLOSURES

(PLEASE <u>INITIAL</u> EACH STATEMENT -AND- <u>SIGN</u> THE LAST PAGE)

Patient/Caregiver agrees not to open or consume Medical Marijuana products in any place prohibited by law. Facility management recommends that you open your Medical Marijuana products in private, at home or in a similar environment.	
 Under the laws of the Commonwealth of Pennsylvania, I understand that I am not immune from the imposition of any civil, criminal, or other penalties for: Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or boat, while under the influence of Medical Marijuana; Consumption of Medical Marijuana in any public place; Consumption of Medical Marijuana in a motor vehicle; and Undertaking any task under the influence of Medical Marijuana, when doing so would constitute negligence or professional malpractice. 	
• It is unlawful for anyone other than the Patient/Caregiver to possess or use Medical Marijuana Products. I understand that it is illegal to divert, transfer, sell or give this or any Medical Marijuana Products to anyone other than the Patient/Caregiver to whom it was dispensed. I agree that I will keep all Medical Marijuana Products away from children, other than the Patient.	
Always keep medical marijuana out of reach from both children and pets (in a locked area if possible). Always keep medical marijuana in its original packaging.	
• It is unlawful under Federal Law, to possess, use, manufacture or distribute Marijuana under federal law, and I understand, affirm, and attest that obtaining Medical Marijuana legally under Pennsylvania Law does not exempt me from Federal prosecution, under the laws and penalties provided by the federal government.	
• Scientific research has not established the safety for the use of Medical Marijuana by pregnant and/or breastfeeding women. Solevo Wellness recommends speaking with your physician (OBGYN or pediatrician) prior to starting Medical Marijuana.	
• By law, in Pennsylvania dry leaf must be <u>vaporized</u> (it is illegal to be smoked). Please ask a dispensary representative if you need this clarified.	

• It is the principle mission of the FDA Center for Drug Evaluation and Resedungs marketed in the U.S. are safe and effective. The Center ensures that correctly, and that their health benefits outweigh their known risks. Medical Schedule I substance under the Controlled Substance Act, and as such, has FDA approval. I understand that the use of Medical Marijuana to treat a me is not yet approved by the U.S. Food and Drug Administration and may have unidentified risks.	drugs work Marijuana remains a as not yet received dical condition
Do you have, or is there any family history of schizophrenia or mental illner	ess? Yes or No (Circle)
It is possible that the use of Medical Marijuana may worsen schizophrenia associated symptoms in patients prone to this disease.	and the
 Potential side effects of medical marijuana may include, but are not limited sedation, dizziness/lightheadedness, anxiety, dysphoria, time distortion, de memory, decreased coordination, and changes in blood pressure/heart rated drug interactions may occur and are not always clearly predictable. 	crease in short term
Solevo Wellness does NOT recommend that our patients abruptly stop us prescription medications without first consulting with the prescribing physicians.	
• ALL of our products at Solevo Wellness contain some level of THC, which positive drug screen. Therefore, we recommend that all patients be very for physicians, employers, landlords, or others that may require a drug screen concern.	orthcoming with
I do hereby acknowledge that Medical Marijuana research and its practa medicine is still being determined as industry research is ongoing. that the employees of Solevo Wellness will make recommendations for that are expected to benefit a certain diagnosis or symptom(s). Howe prescription given and as the patient I fully accept responsibility for a and/or side effects that may occur. It is my responsibility to use Mediappropriately, including self-monitoring levels of impairment, ensuring and keeping my PA Medical Marijuana ID on me at all times.	I also understand or certain products ever, at no time is a ny potential risks ical Marijuana
Patient/Caregiver Signature:	Date:
Printed Name:	

Patient Name(Written)_____