



Out of State Patient Intake Form

Personal Information

Last Name:	First Name:	Middle:
Street Address:		
City:	State:	Zip Code:
Primary Phone:	Cell Phone:	Cell Phone Carrier:
Gender:	Birth Date:	Veteran: Yes or No
Are you a Patient or Caregiver? (Circle One)		
Email address:		
Would you like to receive our monthly email newsletter, which includes coupons, events and upcoming products and strains? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to receive text messages about new strains and products? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we leave messages on your voicemail regarding a pre-order status? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Marijuana (Cannabis) History

Why has Cannabis been recommended for you?

Are you new to using marijuana as a medicine? Yes No

What is your preferred method of consuming Cannabis?

Do you benefit more from indicas, sativas, hybrids or CBD products?

Is there anything else you would like for us to be aware of?

Aside from Silver State Relief, which other dispensaries do you frequent?

How did you hear about Silver State Relief?

Google Weedmaps Leafly Drive/Walk by

Facebook MassRoots Twitter Friend Other: _____

FOR OFFICE USE ONLY:

PATIENT / CAREGIVER (CICLE ONE)		
DRIVER'S LICENSE STATE:	DRIVER'S LICENSE#:	EXP DATE:
MEDICAL CARD STATE:	MEDICAL CARD#:	EXP DATE:
Patient Education Guide Given on: _____ Silver State Relief Patient Intake Representative: _____		



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Silver State Relief Rules and Regulations

Medical Marijuana Establishment Silver State Relief is a Medical Marijuana Establishment dedicated to providing the highest quality of medicine and services for qualified medical marijuana patients, consistent with the limitations and rights established by the State of Nevada's Administrative Code 453A-Medical Use of Marijuana. The following rules and regulations apply to all patients and caregivers who enter this Medical Marijuana Establishment. Any violation of these rules is grounds for immediate termination of any legal relationship between the parties.

Recommendations and Confirmation of Diagnosis Patients at Silver State Relief must have a recommendation for medical Cannabis by a licensed doctor of medicine or doctor of osteopathy as required by State of Nevada's Administrative Code 453A-Medical Use of Marijuana. Patients must provide Silver State Relief with a current valid state identification card or Driver's License, along with their current valid Marijuana Registry Card upon each visit to Silver State Relief to enter the sales area and/or purchase medicine.

Confidentiality All personal information collected by Silver State Relief is confidential and private. Such information will not be released to any third party without your written consent. However, patients need to understand Silver State Relief may be forced by court order or by the Division to release certain information and Silver State Relief must comply.

No resale, redistribution or driving impaired Resale or redistribution of any products received from Silver State Relief **is strictly prohibited by law**. Patient agrees he/she shall not operate a motor vehicle or heavy equipment while impaired by medical marijuana. Patient shall indemnify, defend and hold harmless Silver State Relief to the maximum extent allowed by law from any damages caused by the Patient operating a motor vehicle or heavy equipment while impaired by medical Cannabis.

No cell phones, cameras, recording devices or weapons **No cell phones, cameras, electronic communication devices or recording devices are allowed beyond the waiting room. Weapons of any kind are not allowed on the premises.**

No public use or onsite consumption The use of medical marijuana in public view is illegal in the state of Nevada. Consumption of medical marijuana, illegal drugs, tobacco or alcohol on the premises is strictly prohibited. Consumption of medical marijuana or illegal drugs is strictly prohibited on the entire premises of 175 E. Greg Street, Sparks, NV 89431.

Pre-orders After pre-order services become available, patients and caregivers who call ahead or use the online pre-order system to reserve products are given priority and skip ahead in line.

Payment for services Payment is expected at time of transaction/service. Patients are not allowed to touch any of the items containing medical Cannabis until their transaction is complete. To comply with state medical marijuana laws, refrain from opening your purchases until after you leave the premises. Your cooperation is greatly appreciated. Thank you.

Silver State Relief reserves the right to refuse service to any person at any time, for any reason.

I have read and understand the aforementioned rules and agreement. I agree to abide by all rules, regulations and agreed-upon terms.

Print Name: _____

Signed: _____

Date: _____

I declare I will abide by the legal possession limits of 2 ½ ounces of usable medical marijuana in any one 14 day period. Furthermore, I agree to abide by all laws and regulations pertaining to NRS 453A and NAC 453A.

Print Name: _____

Signed: _____

Date: _____

NONRESIDENT MEDICAL MARIJUANA CARDHOLDER DECLARATION UNSWORN DECLARATION UNDER PENALTY OF PERJURY*



State of Nevada, † _____ County

This section is filled out by the nonresident patient:

Patient Name _____

Address _____

Driver's License # _____ SSN _____

Patient Card ID # (if applicable) _____

Please Initial below:

____ I am entitled to engage in the medical use of marijuana in _____, my legal state of residence.

____ My medical marijuana card has an expiration date and it currently is not expired, or my medical marijuana functional equivalent was issued no longer than one year ago from today.

____ I hereby agree to and will abide by the legal limits for possession of medical marijuana in the state of Nevada, that amount being two and one-half ounces during any one 14-day period.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (date)

Signature of patient

Printed name of patient

This section is filled out by MM dispensary agent:

I have received and inspected the above named patient's medical marijuana registry card or its functional equivalent, and their photo ID issued from the same state.

Signature of MM dispensary agent Date

Printed Name of MM dispensary agent
Silver State Relief

Name of Dispensary

* NRS 53.045 Use of unsworn declaration in lieu of affidavit or other sworn declaration; exception.