MARIJUANA INTERACTION WITH OTHER DRUGS

LEGAL DISCLAIMER AND ACKNOWLEDGEMENT

Your physician's recommended course of treatment may include one or more prescription or nonprescription drugs. It is your responsibility to fully inform your physician of all other prescription and nonprescription drugs that you are taking. Only with this information will your physician be able to properly advise you regarding adverse effects resulting from their interactions and make necessary adjustments to these drugs and their dosage that may need to be made.

You must inform your physician if you use marijuana (along with the frequency and amounts of your usage). Unlike prescription drugs, there is very little research available on (and limited reliable studies) the effects of the interaction of marijuana and prescription drugs. Due to the lack of studies/research your physician cannot predict what, if any, effects there will be resulting from using marijuana with the prescription and nonprescription drugs that are to be use in the course of your treatment.

Your physician disclaims any obligation to inform you the possible effects of the interaction of marijuana and the prescription and nonprescription drugs that are to be used in the course of your treatment unless you have first disclosed to your physician that you are using marijuana and have accurately disclosed the frequency and amounts.

Whether you have made full disclosure of your marijuana use or not, your physician disclaims any obligation to describe to you the effects of the interaction of marijuana and the prescription and nonprescription drugs to be used in the course of your treatment due to the lack of reliable research and/or studies on this topic. You agree to hold harmless your physician for any negative outcome while you take prescriptions in conjunction with marijuana.

By signing below, you acknowledge that your use of marijuana with the prescription and nonprescription drugs that are to be used in the course of your treatment is solely at your own risk.

_____	_____
Patient Signature	Witness Signature
_____	_____
Print Name	Print Name
Date: __/____/_____	Date: __/____/_____