

Welcome!



Thank you for designating Bloom Medicinals as your dispensary of choice. Our Mission is to provide safe access to high-quality, affordable Medical Marijuana. We aim to offer our patients a variety of approved natural options that fit their lifestyle. We do this in a personal and compassionate manner to yield positive treatment outcomes. Our expertise in Medical Marijuana provides innovative solutions that enable patients to focus on their future while returning normalcy and enjoyment to their lives.

Now that you know a little bit about us, help us get to know you!

NEW PATIENT REGISTRATION: (all fields required)

Last Name: _____ First Name: _____ Middle: _____

Email: _____ Date of Birth: _____

Phone #: _____

Address: _____

Medical Marijuana Card #: _____ Exp. Date: _____

Driver's License #: _____ Exp. Date: _____

Caregiver Name: _____

Caregiver Phone#: _____ Caregiver ID#: _____ Exp. Date _____

Recommending Physician: _____

What is your prior experience with Medical Marijuana?: **Least** 1 2 3 4 5 **Most**

What products are you most interested in?: Flowers Edibles Concentrates Oils

Topicals Other _____ Are you a Veteran? Yes No

Financial Assistance? (Must show proof) Yes No

How did you find us? Google OMMCP Referral

Other _____

I _____ am applying to become a patient of **BLOOM MEDICINALS** (hereinafter referred to as BM). I am aware that BM is a Medical Marijuana Dispensary authorized by the State of Ohio. I certify that I am a qualified patient under the rules and regulations established by the State of Ohio Medical Marijuana Control Program.

I acknowledge the following:

1. I am a legal resident of the State of Ohio;
2. I am over the age of 18;
3. I am and will continue to be in compliance with the State of Ohio Medical Marijuana Control Program. I acknowledge that obtaining Medical Marijuana from BM does not exempt a qualifying patient or caregiver from prosecution under Federal law and the penalties provided by Federal law;
4. All Medicinal Marijuana obtained from BM is for my own personal use and that I may not distribute any medicinal marijuana to any person;
5. I understand that it is illegal to transfer Medical Marijuana to any person, other than the transfer by a caregiver to a qualifying patient;
6. The use of Medicinal Marijuana is strictly prohibited in and around the dispensary and its adjoining parking lot;
7. Use of Medicinal Marijuana is not permitted in public places or on private property where it is prohibited;
8. I understand that I am not immune from the imposition of any civil, criminal, or other penalties for smoking Medical Marijuana on a private property that is rented from a landlord and is subject to a policy that prohibits the use of Medical Marijuana on the premises;
9. Operating a motor vehicle, aircraft or boat under the influence of Medical Marijuana is prohibited under the law and can cause serious bodily injury and/or death;
10. I understand that smoking of medical marijuana is not permitted per Ohio law;
11. I understand that I am not immune from the imposition of any civil, criminal, or other penalties for undertaking any task under the influence of Medical Marijuana, when doing so would constitute negligence or professional malpractice;
12. Medical Marijuana is not FDA approved;
13. I understand that medical marijuana should not be used by women who are pregnant or breastfeeding;
14. Medical Marijuana should be stored in a safe place not accessible to children and all necessary steps MUST be taken to prevent children from obtaining or using Medical Marijuana;
15. I agree to indemnify and hold BM harmless for any consequences resulting from the use or purchasing of Medical Marijuana.

I hereby acknowledge that the foregoing is true and correct.

Signature: _____

Name: _____ Date: _____

AKRON COLUMBUS PAINESVILLE TOWNSHIP MAUMEE SEVEN MILE

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