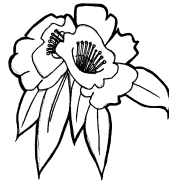


Pratistha Strong, D.O.
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Medical Cannabis Safety Sheet Acknowledgment of Receipt

I have discussed with Dr. Strong of Kathmandu Clinic the risks associated with medical marijuana, including known contraindications, risks of medical marijuana use to fetuses, and risks of medical marijuana use to breastfeeding infants.

By signing this form, I hereby acknowledge that I have received and read the following Medical Cannabis Safety Sheet from Dr. Strong of Kathmandu Clinic.

Date _____

(Signature of Patient or Patient's Legal Representative)

(Printed Name of Patient or Patient's Legal Representative)