



# Arkansas Department of Health

## Petition to Add a Debilitating Medical Condition



Complete each section of this petition. Attach supportive documents. Attachments must include a title page which identifies the specific section to which it corresponds (section A, B, C...). Incomplete petitions will be returned. **Petitions must be sent by U.S. mail to:** Arkansas Department of Health 4815 West Markham Slot 50 Little Rock, AR 72205. For questions: toll free 1-833-214-8619 or 501-682-4982

<b>Petitioner Information</b>	First	Middle	Last
	Home Address (including Apartment or Suite#)		
	City:	State:	Zip Code:
	Phone:	Email Address:	
<b>A</b>	Name the medical condition, medical treatment or disease. Provide the ICD-10 code(s).		
<b>B</b>	Describe the extent to which the debilitating medical condition or disease itself and/or the treatments, cause severe suffering and impair a person's daily life.		
<b>C</b>	Describe conventional medical therapies, to alleviate suffering caused by the condition or the treatment thereof.		
<b>D</b>	Describe proposed benefits from the medical use of cannabis, for the named medical condition or disease.		
<b>E</b>	Provide evidence generally accepted by the medical community and other experts, that the use of medical cannabis alleviates suffering caused by the named condition or disease. Supporting evidence includes full text peer reviewed journal articles and/or complete medical studies.		
<b>F</b>	Attach letters of support for the use of medical cannabis from physicians and or other licensed health care providers knowledgeable about the named condition or disease. This may include a letter from the physician with whom the petitioner has a bona-fide physician patient relationship. And any additional medical testimonial or scientific documentation.		
<b>I attest the information provided in this petition is true and that the attached documents are authentic.</b>			
Signature		Date (mm/dd/yyyy)	