

How to Register in the Medical Cannabis Program

A GUIDE FOR ADULT MEDICAL CANNABIS PATIENTS

07/31/2020

How to Register in the Medical Cannabis Program

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

To obtain this information in a different format, call: 651-201-5598.

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Introduction

This reference guide provides instructions for certified adult patients to register in the Medical Cannabis Program and create an account in the Registry.

Getting started

You should have received an email notification from the Minnesota Department of Health after you were certified by your health care practitioner

A computer is the recommended tool for the application, since the Registry is not compatible on some mobile phones and iPads/tablets.

Please have the following items ready:

1. A photo or image of your government-issued photo identification, such as a Minnesota identification/driver's license. Image file type must be JPG, GIF, TIF, or PNG and smaller than 4 MB.
2. A credit/debit card or check (routing and account numbers) for the online annual enrollment fee of \$200 or \$50 (discounted fee).
3. **If applicable and if you enroll with the discounted fee of \$50**, a photo or image of one of the following must be provided:
 - Supplemental Security Insurance (SSI)/Social Security Disability (SSD) including those transitioned to retirement benefits. A letter from Social Security verifying your transition from SSD to retirement benefits or the SSD/SSI Benefit Verification letter dated within the last 90 days is acceptable. Medicare is not a qualifier for the discounted fee.
 - Current medical assistance (MA), MinnesotaCare, or Indian Health Services (IHS) card. An enrollment letter from the county or state dated within the last 90 days is also acceptable.
 - Railroad disability. A benefit verification letter for Railroad disability dated within the last 90 days is acceptable.
 - Veteran's disability. A valid VA service-connected card or VA disability benefit letter dated within the last 90 days is acceptable.
 - VA dependency and indemnity compensation (VA DIC). An approval letter for VA dependency and indemnity compensation dated within the last 90 days is acceptable.

Options for picking up your medical cannabis

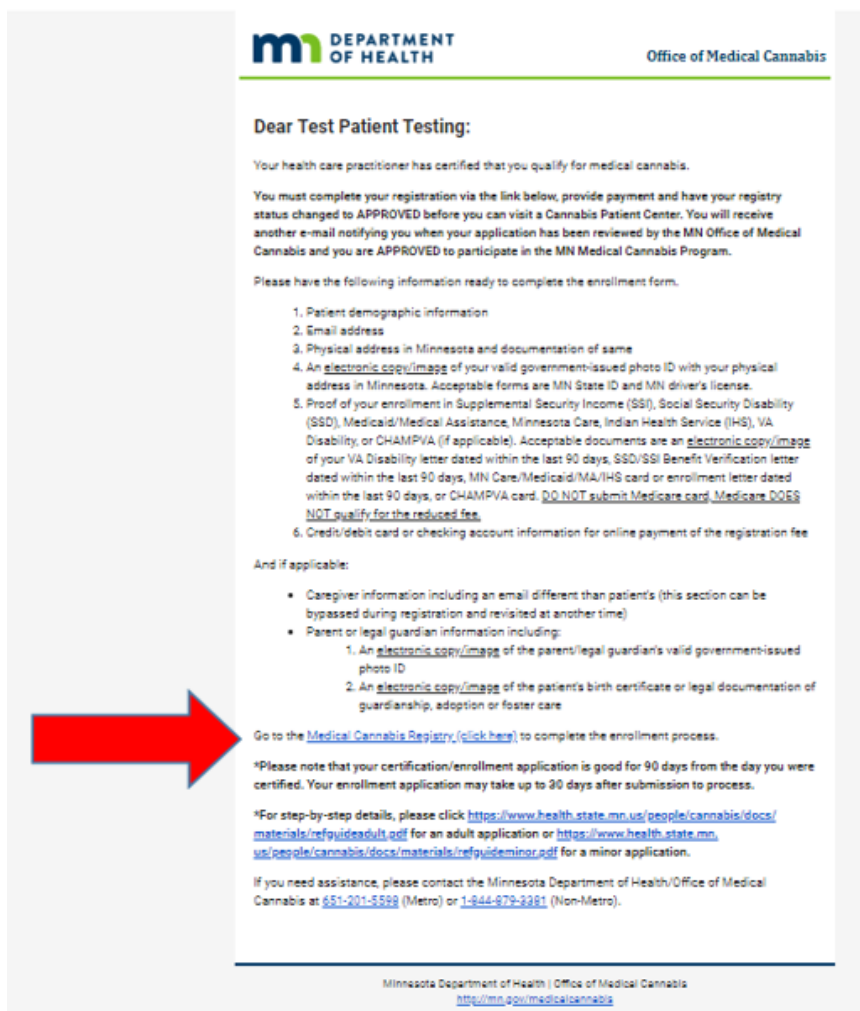
- If you choose to add a Parent/Legal Guardian to pick up your medical cannabis, you must provide a photo or image of your birth certificate/legal guardianship paperwork AND your Parent/Legal Guardian's government-issued photo identification, such as a Minnesota identification/driver's license.

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If you are adding a spouse to pick up your medical cannabis, you must provide a photo or image of the marriage certificate AND spouse's government-issued photo identification, such as a Minnesota identification/driver's license. If you are adding a caregiver to pick up your medical cannabis, you must include your caregiver's name, email address, and phone number.

Step 1: Retrieve and access the enrollment link from your email

1. Login to your email account, and open your email notification with the subject line, MN Dept. of Health: Patient Enrollment.
2. Click on the Medical Cannabis Registry (click here) link as shown in the graphic.



mn DEPARTMENT OF HEALTH Office of Medical Cannabis

Dear Test Patient Testing:

Your health care practitioner has certified that you qualify for medical cannabis.

You must complete your registration via the link below, provide payment and have your registry status changed to APPROVED before you can visit a Cannabis Patient Center. You will receive another e-mail notifying you when your application has been reviewed by the MN Office of Medical Cannabis and you are APPROVED to participate in the MN Medical Cannabis Program.

Please have the following information ready to complete the enrollment form.

1. Patient demographic information
2. Email address
3. Physical address in Minnesota and documentation of same
4. An [electronic copy/image](#) of your valid government-issued photo ID with your physical address in Minnesota. Acceptable forms are MN State ID and MN driver's license.
5. Proof of your enrollment in Supplemental Security Income (SSI), Social Security Disability (SSD), Medicaid/Medical Assistance, Minnesota Care, Indian Health Service (IHS), VA Disability, or CHAMPVA (if applicable). Acceptable documents are an [electronic copy/image](#) of your VA Disability letter dated within the last 90 days, SSI/SSI Benefit Verification letter dated within the last 90 days, MN Care/Medicaid/MA/IHS card or enrollment letter dated within the last 90 days, or CHAMPVA card. DO NOT submit Medicare card. Medicare DOES NOT qualify for the reduced fee.
6. Credit/debit card or checking account information for online payment of the registration fee

And if applicable:

- Caregiver information including an email different than patient's (this section can be bypassed during registration and revisited at another time)
- Parent or legal guardian information including:
 1. An [electronic copy/image](#) of the parent/legal guardian's valid government-issued photo ID
 2. An [electronic copy/image](#) of the patient's birth certificate or legal documentation of guardianship, adoption or foster care

Go to the [Medical Cannabis Registry \(click here\)](#) to complete the enrollment process.

*Please note that your certification/enrollment application is good for 90 days from the day you were certified. Your enrollment application may take up to 90 days after submission to process.

*For step-by-step details, please click <https://www.health.state.mn.us/people/cannabis/docs/materials/refguideadult.pdf> for an adult application or <https://www.health.state.mn.us/people/cannabis/docs/materials/refguideminor.pdf> for a minor application.

If you need assistance, please contact the Minnesota Department of Health/Office of Medical Cannabis at 651-201-5529 (Metro) or 1-844-679-2261 (Non-Metro).

Minnesota Department of Health | Office of Medical Cannabis
<http://mn.gov/medicalcannabis>

Step 2: Create your patient account

1. Click on “Begin Enrollment” to start.

Welcome Patient

Thank you for participating in this program.

Please have ready your:

1. Patient demographic information
2. Email address
3. Physical address in Minnesota and documentation of same
4. An [electronic copy/image](#) of your valid government-issued photo ID with your physical address in Minnesota. Acceptable forms are MN State ID and MN driver's license.
5. Proof of your enrollment in Supplemental Security Income (SSI), Social Security Disability (SSD), Medicaid/Medical Assistance, Minnesota Care, Indian Health Service (IHS), VA Disability, or CHAMPVA (if applicable). Acceptable documents are an [electronic copy/image](#) of your VA Disability letter dated within the last 90 days, SSD/SSI Benefit Verification letter dated within the last 90 days, MN Care/Medicaid/MA/IHS card or enrollment letter dated within the last 90 days, or CHAMPVA card. [DO NOT submit Medicare card. Medicare DOES NOT qualify for the reduced fee.](#)
6. Credit/debit card or checking account information for online payment of the registration fee

and if applicable:

- Caregiver information including an email different than patient's (this section can be bypassed during registration and revisited at another time)
- Parent or legal guardian information including:
 1. An [electronic copy/image](#) of the parent/legal guardian's valid government-issued photo ID
 2. An [electronic copy/image](#) of the patient's birth certificate or legal documentation of guardianship, adoption or foster care
- Spouse information including an electronic copy/image of spouses state ID or driver's license AND legal marriage certificate

*Please note that your certification/enrollment application is good for 90 days from the day you were certified. Your enrollment application may take up to 30 days after submission to process.

*For step-by-step details, please click <https://www.health.state.mn.us/people/cannabis/docs/materials/refguideadult.pdf> for an adult application or <https://www.health.state.mn.us/people/cannabis/docs/materials/refguideminor.pdf> for a minor application.

With the items above ready, the process to enroll should not take more than 10-15 minutes.

If you have questions or need assistance, please call the Office of Medical Cannabis at (651) 201-5598, [Metro](#) or (844) 879-3381, [Non-Metro](#).

Begin Enrollment

2. Create a password, write it down, and store it in a secured area. Password is case sensitive and must meet the minimum requirements as displayed below. Click on “Next” to continue.

Create Account

Email Address: *

Password Requirements:
Passwords are case sensitive and have the following requirements:

- 8 characters or longer
- both upper and lower case characters
- at least one number or special character

Password: (Note: password is case sensitive) *

Confirm Password: *

Your email address/username and password will be needed to login to your patient account. Please record this information and save it in a secure place. **Next**

Step 3: Complete enrollment application

1. On the next screen, type in your answers in the corresponding fields. If your health care practitioner checked the box for a caregiver (during the certification process), this checkmark will automatically appear here. You can add a caregiver at Step 6 if you choose to at that time.
 - a. If you do not want to add a caregiver at this time, you must **uncheck** this box.

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- b. If you are a parent/legal guardian/spouse for an adult patient, you do **NOT** need to register as a caregiver. Patients can add a parent/legal guardian/spouse at Step5.
- c. If you do not see this caregiver check box and you need a caregiver, you must contact your certifying health care practitioner and ask them to check the box.

Your patient account has been created.

Patient Information

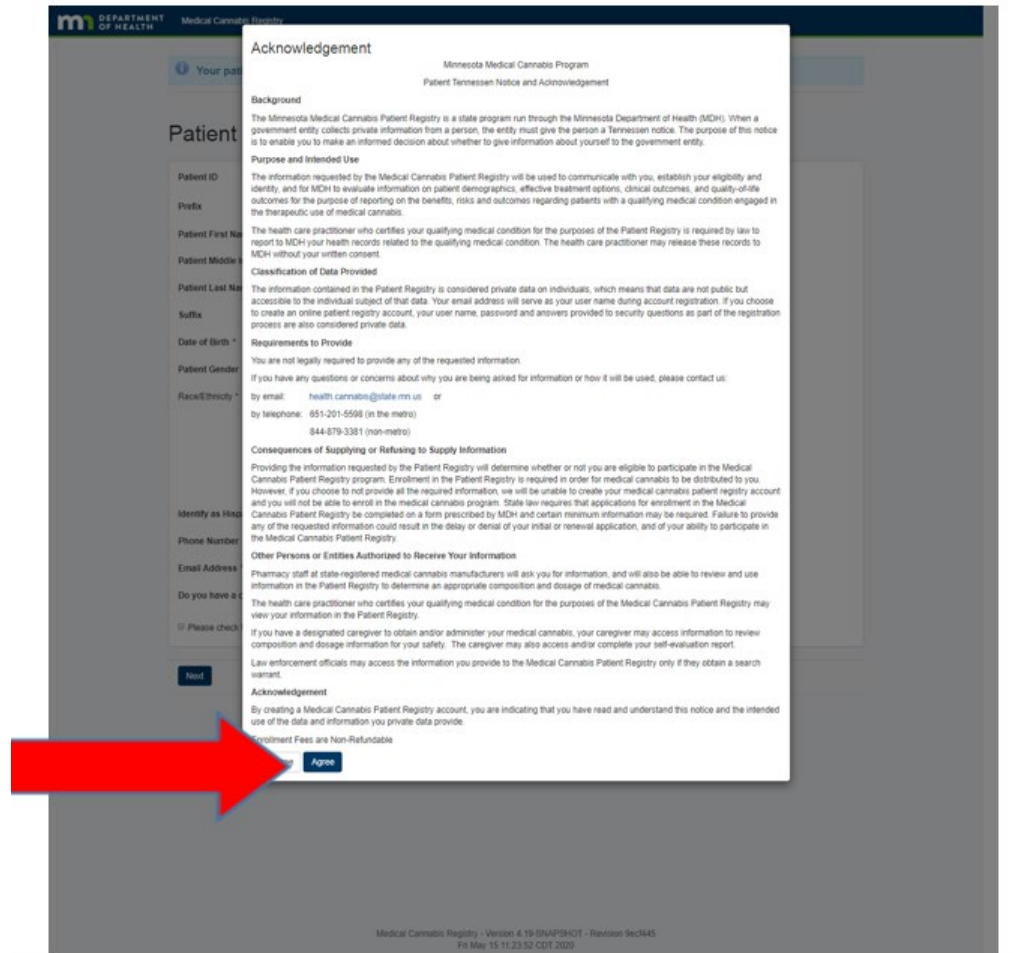
Patient ID	P5169931
Prefix	Please select
Patient First Name *	Training
Patient Middle Initial	
Patient Last Name *	Training
Suffix	Please select
Date of Birth *	05/08/1959
Patient Gender *	Please select
Race/Ethnicity *	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other race <input type="checkbox"/> White <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Do not wish to answer
Identify as Hispanic? *	Please select
Phone Number *	(111) 111-1111
Email Address *	j+ulyomc2016@gmail.com
Do you have a caregiver?	<input checked="" type="checkbox"/> Note: If you register as a parent or legal guardian of a patient, you do not need to register as a caregiver.
<input type="checkbox"/> Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements.	

Next

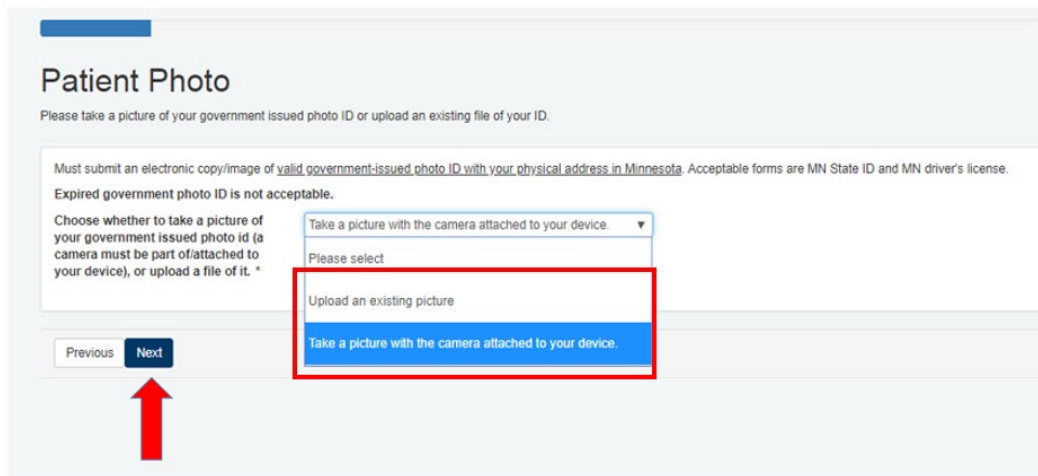
- 2. Check the Acknowledgment box, read the statements in the pop-up screen then select “Agree.” Then click “Next” at the bottom right of the screen to continue.

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

Please review the legal acknowledgement, consent, and disclosure statements pop-up screen.

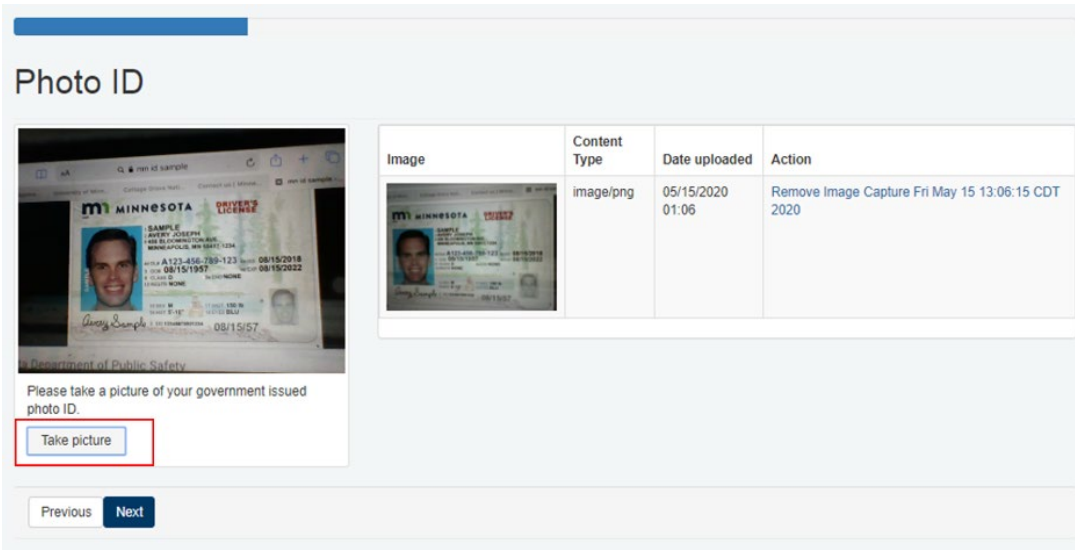


3. Clicking on “Please select” will open a drop down menu; select “Upload a picture of your government-issued photo ID” to upload your identification or “Take a picture of your government-issued photo ID” to take a picture of your photo identification with the camera on your computer.



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- a. If “Take a picture with the camera attached to your device” option is selected, the next screen will require you to click on “Take Picture” to capture the identification with the camera. The picture will then appear to the right of the screen. Click “Next” to proceed.



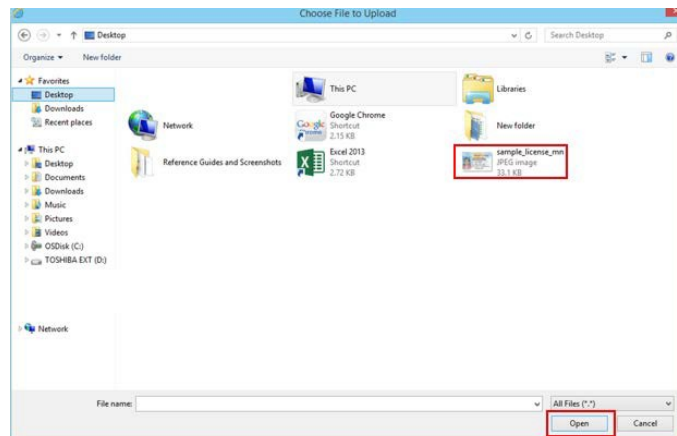
- b. If you selected “Upload a picture of your government-issued photo ID,” locate and upload the image file of your government-issued photo identification. If you saved your image file on the computer desktop (computer screen), click on “Desktop” on the far left bar to locate items stored on your desktop, as shown below.

If you saved the image file in a different folder, make sure to locate it on the far left bar and open it.

Then select the appropriate device on the far left bar to view.

Next, select the image file to attach. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB.

Click on “Open” to continue. Then, select “Next” to continue.



Step 4: Add your home address

1. Type in your home address in the fields; check the box only if your mailing address is the same as your home address, and then click “Next” to continue.

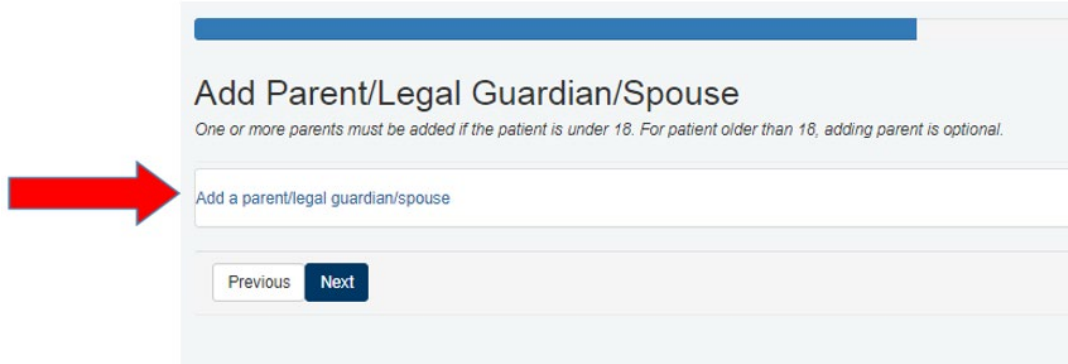
The screenshot shows a form titled "Home Address Information". It contains the following fields: "Residence Street Address (line 1) *" (text input), "Residence Street Address (line 2)" (text input), "Residence City *" (text input), "Residence State *" (dropdown menu with "Minnesota" selected), and "Residence Zip Code *" (text input). Below these is a checkbox labeled "Mailing address is same as home address?". At the bottom, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red square.

2. If your mailing address is different, select “Next,” and continue. On the next screen, enter your mailing address in the fields, and select “Next.”

The screenshot shows a form titled "Mailing Address Information". It contains the following fields: "Mailing Street Address (line 1) *" (text input), "Mailing Street Address (line 2)" (text input), "Mailing City *" (text input), "Mailing Country" (dropdown menu with "Select" selected), "Mailing State *" (dropdown menu with "Please select" selected), and "Mailing Zip Code (USA) *" (text input). At the bottom, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red square.

Step 5: Add parent/legal guardian/spouse

1. Click on “Add a parent/legal guardian/spouse” if you would like to add a parent/legal guardian/spouse, and continue as shown below. Otherwise, select “Next” if you do not wish to add a parent/legal guardian/spouse at this time.



Add Parent/Legal Guardian/Spouse
One or more parents must be added if the patient is under 18. For patient older than 18, adding parent is optional.

Add a parent/legal guardian/spouse

Previous Next

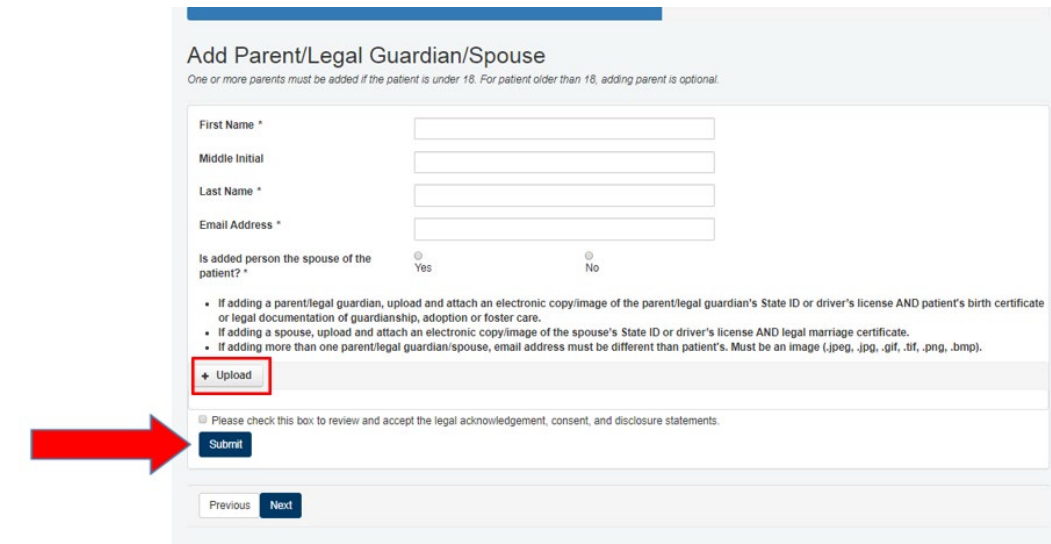
2. After clicking the “Add a parent/legal guardian/spouse” link:

If adding a spouse, check the box for spouse, enter your spouse’s information and attach your spouse’s photo identification and marriage certificate using the “Upload” button as shown below.

If adding a parent/legal guardian, enter your parent/legal guardian’s information and attach the parent/legal guardian’s photo identification and patient’s birth certificate or legal guardianship using the “Upload” button as shown below.

Check the Acknowledgement box and select “Agree” after reading the disclaimer.

Click “Submit” to continue.



Add Parent/Legal Guardian/Spouse
One or more parents must be added if the patient is under 18. For patient older than 18, adding parent is optional.

First Name *

Middle Initial

Last Name *

Email Address *

Is added person the spouse of the patient? * Yes No

- If adding a parent/legal guardian, upload and attach an electronic copy/image of the parent/legal guardian’s State ID or driver’s license AND patient’s birth certificate or legal documentation of guardianship, adoption or foster care.
- If adding a spouse, upload and attach an electronic copy/image of the spouse’s State ID or driver’s license AND legal marriage certificate.
- If adding more than one parent/legal guardian/spouse, email address must be different than patient’s. Must be an image (.jpeg, .jpg, .gif, .tif, .png, .bmp).

+ Upload

Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements.

Submit

Previous Next

3. The parent/legal guardian/spouse listed would then receive an email notification. To add more than one parent/legal guardian, repeat Step 5. Otherwise, select “Next” to continue.

Full Name	Email Address	Action
Training Training	ju+lyomc2016@gmail.com	Remove

Step 6: Add caregiver (if prompted)

1. Continue to Step 7 if the system does not prompt you to add a caregiver. The following screen will only appear if your health care practitioner certified you to have a caregiver AND the box for a caregiver on Step 3 was marked. You must add a caregiver to continue past this screen.

Click on “Add a caregiver” to add your caregiver.

If you register as a parent/legal guardian of a patient, you DO NOT need to also register as a caregiver.

2. Enter your caregiver’s information in the fields, and click on “Submit” on the left side of screen. The caregiver will receive an enrollment email with instructions to submit their application.

Caregiver First Name *

Caregiver Middle Initial

Caregiver Last Name *

Caregiver Email Address * (Must be different than the patient's) *

Caregiver Phone Number * (###) ###-####

3. To add another caregiver, repeat Step 6. Otherwise, select “Next” to continue.

Add Caregiver
Please add one or more caregivers

If you register as a parent/legal guardian of a patient, you **DO NOT** need to also register as a caregiver.

Caregivers (1 added)

Full Name	Email	Action
Training CG Training	jul+yomc2016@gmail.com	Remove

Add a caregiver

Previous **Next**

Step 7: Update enrollment fee discount eligibility

1. Clicking on “Please select” will open a drop-down menu; choose “Yes” if you receive Supplemental Security Income, Social Security Disability including those transitioned to retirement benefits, medical assistance, MinnesotaCare, IHS, Railroad disability, VA dependency and indemnity compensation, or Veteran’s disability benefits and then select “Next.”

Choose “No” if you do not receive any of these. Then click “Next” and continue to Step 8.

Payment Information

Patients who receive Supplemental Security Income (SSI), Social Security Disability (SSD), Medicaid/Medical Assistance, Minnesota Care, Indian Health Service (IHS), VA Disability, or CHAMPVA benefits may qualify for a reduced enrollment fee of \$50 and must provide proof of enrollment on the next page. The standard fee is \$200. All fees are non-refundable.

Medicare does not qualify for the reduced fee.

Do you receive Supplemental Security Income (SSI), Social Security Disability (SSD), Medicaid/Medical Assistance, Minnesota Care, Indian Health Service (IHS), VA Disability, or CHAMPVA benefits?

Please select

Yes

No

Previous **Next**

2. Select the type of assistance you are currently receiving, and click “Upload” to attach the proof as shown in the picture below.

Click on “Next” to continue.

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Payment Information

Enrollment Payment Amount: 50.0

Assistance Type *
Please select

* Acceptable documents are an electronic copy of a Minnesota Care/Medicaid/IHS card or enrollment fee.
* Evidence of medical assistance. Must be submitted with the application. SSI/SSD Benefit Verification Letter dated within the last 90 days, submit Medicare card. Medicare DOES NOT qualify for the reduced fee.

Supplemental Security Income (SSI)
Social Security Disability (SSD)
Medicaid/Medical Assistance
Minnesota Care
Indian Health Service (IHS)
VA Disability

Previous Next

Step 8: Make payment

1. You must make a payment to complete your application. Click on “Make payment” to pay your enrollment fee.

Enroll Patient

Notice

You are leaving the Dept. of Health's website.
Please confirm the information below to make payment.
Registration fees are non-refundable

Patient Information Summary

Patient ID	P2028448
Payment Amount	50.0
Name	John Doe
Date of Birth	1/8/2007
Patient Gender	Male
Phone Number	2222222222
Email Address	johndoex10@gmail.com
# of Caregivers	1
# of Parents/Legal Guardians	1
Residence Street Address (line 1)	2222 St.
Residence City	Minneapolis
Residence State	Minnesota
Residence Zip	55411

Previous Make Payment

2. Clicking on “Select” at the bottom of the page will open a drop-down menu, choose the option that aligns with your payment plans (“Credit/Debit Card” or “Checking or Savings”).

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Make a Payment

My Payment

MN Department Of Health (TEST)

Amount Due \$50.00
Itemkey01 H1201U500179015*50.000*N*****H120HC1
Transaction ID P2028448
CertNbr 87330524-720-4745-ab19-r9bc5898ea5
Action Pay Cannabis Activity Fee
Code Cannabis
License Type Cannabis Registration Fee
App URL https://apps-test.health.state.mn.us/cannabis-uat/enrolment/feePaid.shtml

Payment Information

Frequency One Time
Payment Amount \$50.00
Payment Date Pay now

Contact Information

First Name John
Last Name Doe
Company (Optional)
Address 1 2222 St.
Address 2 (Optional)
City/Town Minneapolis
State/Province/Region MN
Zip/Postal Code 55411
Country US
Phone Number 222222222
Email Address johndexx10@gmail.com

Payment Method

Payment Method

[Continue](#) [Cancel](#)

- If you select "Checking or Savings," type in your routing and account numbers, mark the appropriate account type, and click on "Continue." Proceed to the next page.

Payment Method

Sample Check
123 Main St
Anytown, MO 12345
DATE 1215
PAY TO THE ORDER OF \$ _____ DOLLARS

NEED
* 123456789 * 008 11111111 * 001215 *
Bank Routing Number Bank Account Number Check Number (not required)

Personal Check | [Business Check](#)

Bank Routing Number
Bank Account Number
Bank Account Type Checking Savings
 This is a business account

[Continue](#) [Cancel](#)

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- b. If you chose "Credit/Debit Card," enter your card number, expiration month and year, card security code on the back of card, and mark the appropriate billing address. Click "Continue" to proceed.

Payment Method

Payment Method Credit/Debit Card

Card Number

Expiration Date Month Year

Card Security Code

Card Billing Address Use my contact information address
 Use a different address

Continue [Cancel](#)

- 3. Review the payer's information and click on "Confirm" to finalize payment.

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description MN Department of Health
MN Department Of Health (TEST)
<http://www.health.state.mn.us/>

Payment Amount \$50.00

Payment Date 10/06/2015

Itemkey01 H1201US0017M015*50.000*N****H120MC1

Transaction ID P2028448

CertNbr 87330524-72c0-4745-ab19-fb9bc5898ea6

Action Pay Cannabis Activity Fee

Code Cannabis

License Type Cannabis Registration Fee

App URL <https://apps-test.health.state.mn.us/cannabis-uat/enrollment/feePaid.xhtml>

Payment Method

Payer Name John Doe

Card Number *1111

Expiration Date Jan-2016

Card Type Visa

Confirmation Email johndoex10@gmail.com

Billing Address

Address 1 2222 St.

City/Town Minneapolis

State/Province/Region MN

Zip/Postal Code 55411

Country United States

Contact Information

First Name John

Last Name Doe

Address 1 2222 St.

City/Town Minneapolis

State/Province/Region MN

Zip/Postal Code 55411

Country United States

Phone Number 222222222

Email Address johndoex10@gmail.com

Confirm [Back](#)

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- The Office of Medical Cannabis processes complete applications in the order they are received. You may close out of this page when finished.

Payment processed

Your registration has been submitted to the Office of Medical Cannabis for review. Upon the completion of the review, you will receive an e-mail from the Office of Medical Cannabis on the status of your registration along with instructions on how to proceed.

You will not be able to visit a Cannabis Patient Center or obtain medical cannabis until your application status has changed to APPROVED. Please e-mail health.cannabis@state.mn.us or contact the Office of Medical Cannabis at (651) 201-5998, Metro or (844) 879-3381, Non-Metro if you have questions or need assistance.

- You will receive the following payment confirmation via email from the Minnesota Department of Health after your payment.

Payment Confirmation for Minnesota Department of Health

MN Department Of Health <epaynoreply@usbank.com>
to j.u.lyomc2016

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Jun-25-2019.

Confirmation Number: MDHTST000197664
Payment Amount: \$50.00
Scheduled Payment Date: Jun-25-2019
Amount Due: \$50.00
Registered For: Cannabis Registration Fee
Name: Pay Cannabis Activity Fee

Account Nickname: N/A
Credit Card Number: *1111
Credit Card Type: VISA
Payer Name: Legislative Updates Testing
Approval Code: N/A

Merchant: MN Department of Health
Website: <http://www.health.state.mn.us/>

If you have questions about this payment or need assistance, please view the payment online at <https://epayment.govmfservice.com/epay.html?billerGroup=MDH&billerId=TS1>, or send an email with the subject line 'ATTN:Credit Cards' to health.FMShelpdesk@state.mn.us

Thank you for using the Minnesota Department Of Health electronic payment system.

U.S. BANCORP made the following annotations

Electronic Privacy Notice: This e-mail, and any attachments, contains information that is, or may be, covered by electronic communications privacy laws, and is also confidential and proprietary in nature. If you are not the intended recipient, please be advised that you are legally distributing, or otherwise disclosing this information in any manner. Instead, please reply to the sender that you have received this communication in error, and then immediately delete it. Thank you in advance for your cooperation.

- You will receive the following approval email when your application is approved.

MN Dept. of Health: Patient Approved Notification

HealthDepartment.Registry@state.mn.us
to july.o.mc2016

Wed, Jun 26, 2019, 9



Dear Test Patient Testing:

OMC ID: P8415638

There has been an update to your MN Medical Cannabis Registry application. Your application status is now APPROVED.

Your enrollment and annual fee for registration is good for one year.

You may log into the [MN Medical Cannabis Registry](#) to review your information.

Next Steps:

- You may now contact a Cannabis Patient Center to set up an appointment.
 - LeafLine Labs (Eagan, Hibbing, St. Cloud, and St. Paul): 1-844-532-3546
 - Minnesota Medical Solutions (Bloomington, Minneapolis, Rochester, and Moorhead): 1-800-514-3707 or 218-206-6600 for Moorhead only

For a location address, please click <http://www.health.state.mn.us/medica/cannabis/patient-location.html>

- Please complete a new self-evaluation form prior to picking up your medical cannabis. This is available by clicking a link on the top of your home page on the MN Medical Cannabis Patient Registry.
- Bring your cash, photo ID, a list of current medications along with your most recent visit summary from your physician with you to the Cannabis Patient Center.

If you need assistance, please contact the Minnesota Department of Health/Office of Medical Cannabis at 651-201-5998 (Metro) or 1-844-879-3381 (Non-Metro).

Minnesota Department of Health | Office of Medical Cannabis
<http://mn.gov/medicalcannabis>