Hemp Extract Registry
288 N 1460 W, Salt Lake City, UT 84114-1012 (801) 538-9326
E-mail: hempregistry@utah.gov fax: (801) 536-0954

NC

Neurologist's Written Certification

This form is to be completed by a board certified neurologist. **This is not a prescription.** The neurologist may prepare and sign either this form or a statement with the required elements on the neurologist's letterhead. The neurologist may provide a completed form or statement directly to the patient.

Section A.	**Patient Information**	
1. Patient Last Name	2. Patient First Name	3. Patient Middle Initial
4. Date of Birth	5. Today's Date	

Section B.	**Patient Medical History**
6. Does the patient exhibit symptoms or signs indicative of intractable epilepsy? ☐ Yes ☐ No	

Section C.	**Use of Hemp Extract**
7. This patient may benefit from the use of hemp extract. ☐ Yes ☐ No	

Section D.	**Neurologist Information**
8. Neurologist Name	9. DOPL number and expiration date
10. American Board of Psychiatry and Neurology certified? ☐ Yes ☐ No	10a. Board certification number (optional)
11. This written certification is consistent with my evaluation and observation of the patient (e.g., Evaluation Record). ☐ Yes ☐ No	
12. Neurologist Signature	