



STATE OF MAINE
Office of Cannabis Policy
Medical Use of Cannabis Program
Patient Transaction Log

Minors must complete designation forms.

Section 1: Caregiver Information	
Registered Caregiver Name:	
DBA/LLC if applicable:	
Dispensing/Retail address:	City:

Section 2: Patient Information/Transaction Log					
License/Photo ID	Patient Certification Random ID Number	Medicine Type/Form	Amount <small>(Up to 2.5 ounces.)</small>	Time	Date

This form is provided as a sample and courtesy to registered caregivers, registered dispensaries, cannabis testing facilities, and product manufacturing facilities to assist them in complying with the record keeping requirements of 22 M.R.S. §2430-G.

The use of this form is not required; however, the information requested must be maintained in some form by program registrants.