

Wyoming Hemp Extract Registry

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Phone: (307) 777-3744



NEUROLOGIST'S WRITTEN CERTIFICATION

For Internal WDH Use Only

1. This form is to be completed by a board certified neurologist licensed without restrictions to practice in the state of Wyoming.
(The neurologist may prepare and sign this form or he/she may issue a statement with the required information on the neurologist's letterhead).
2. Sections A, B, C, & D are *required* for submission.
3. A completed written certification must be submitted to the Department of Health with the application.

Section A:

Patient Information

1. Last Name:	2. First Name:	3. Middle Initial:
4. Date of Birth:	5. Today's Date:	

Section B:

Patient Medical History

1. Does this patient exhibit symptoms or signs indicative of intractable epilepsy?

Yes No

Section C:

Use of Hemp Extract

1. This patient may benefit from the use of hemp extract:

Yes No

Section D:

Neurologist Information

1. Last Name:	2. First Name:	3. Middle Initial:
4. Business Address:	4b. Apt/Suite#:	
5. City:	6. State:	7. Zip Code:
8. Telephone Number:	9. Email Address (optional):	

*By providing your email address, you agree to receive communication from the Registry by email.

10. DOPL License Number & Expiration Date:	11. Board Certification Number (optional):
12. American Board of Psychiatry and Neurology Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. This written certification is consistent with my evaluation and observation of the patient (Evaluation Record): <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Signature of Neurologist:	