

Medical Marijuana Registry Hawaii State Department of Health

Thank you

Application Number:

48837

Record Details

Patient Information

Name:
test Tester

Date of Birth:
10/10/1990

Gender:
Female

ID #:
H1234567

ID Type:
DRIVERS_LICENSE

State Issued:
Hawaii

Expiration:
10/10/2019

Residential Address:
201 merchant street, honolulu, Oahu HI 96813

Mailing Address:
SAME

Phone:
8088888888

Alt. Phone:

Email:

Medical Information

Medical Conditions:
Cachexia/Wasting Syndrome,

Physician's Name:

WILLIAM WENNER

Title:
DOS

Medical License #:
525

Expiration Date:
06/30/2016

Controlled Substance #:
e02717

Expiration Date:
09/30/2015

Business Address:
549 Halemaumanu Street, Honolulu, Oahu HI 99999

Mailing Address:
SAME

Phone:
1111111111

Alt. Phone:

Email:

Thank you for your submission.

Line	Description	Payment Type	Amount
1	New Record for test Tester	Money Order	\$38.50

Hawaii State Department of Health
1250 Punchbowl Street, Room 326, Honolulu, HI 96813

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