

 Thank you

Application Number:

83'

## Record Details

### Patient Information

Name:

holden cau

Date of Birth:

10/10/1990

Gender:

Male

ID #:

hi112233

ID Type:

DRIVERS\_LICENSE

State Issued:

Hawaii

Expiration:

11/11/2016

Residential Address:

1 test ave, Honolulu, Hawaii HI 96813

Mailing Address:

SAME

Phone:

1111111111

Alt. Phone:

Email:

**♣ Caregiver Information**

**Name:**

karry giver

**Date of Birth:**

10/10/1990

**Gender:**

Female

**ID #:**

H01254086

**ID Type:**

DRIVERS\_LICENSE

**State Issued:**

Hawaii

**Expiration:**

11/11/2016

**Residential Address:**

2 test ave, haliewa, Oahu HI 99999

**Mailing Address:**

SAME

**Phone:**

1111111111

Alt. Phone:

Email:

**Medical Information**

Medical Conditions:

Severe Nausea,

Physician's Name:

JOHN DOE

Title:

DOS

Medical License #:

123TEST

Expiration Date:

12/31/2014

Controlled Substance #:

ABC123

Expiration Date:

12/31/2014

Business Address:

123 TEST ST, HONOLULU HI

Mailing Address:

SAME

Phone:

1111111111

Alt. Phone:

Email:

**Grow Site**

**Controlled by:**  
Caregiver

**Address:**  
1 grow street, Honolulu, Oahu HI 99999

Thank you for your submission.

| Line | Description               | Payment Type  | Amount  |
|------|---------------------------|---------------|---------|
| 1    | New Record for holden cau | Cashier Check | \$38.50 |

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

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