OKLAHOMA
Medical Marijuana
Authority

Patient Withdrawal of Caregiver Form

Website: Oklahoma.gov/OMMA | Email: OMMAPatients@ok.gov | Phone: (405) 522-OMMA

This form is to be completed if a patient wishes to withdraw his or her current licensed caregiver. Submission of this form will result in the invalidation of the identified caregiver's license. In order to obtain another caregiver, the patient must have another individual complete a caregiver license application and be approved for a license. ***PLEASE CLEARLY PRINT OR TYPE***

PATIENT INFORMATION

First Name | Middle Name | Last Name | Suffix | Date of Birth (mm/dd/yy)

Current Physical Street Address | APT# | City | State | Zip

County | Phone # | Email | Medical Marijuana Patient License Number

CAREGIVER INFORMATION — *(for the caregiver you wish to withdraw)*

The caregiver's full name is required; please provide as much information as you can.

First Name | Middle Name | Last Name | Suffix | Date of Birth (mm/dd/yy)

Current Physical Street Address | APT# | City | State | Zip

County | Phone # | Email

PATIENT SIGNATURE

By my signature below I attest to the following:

- I understand I am withdrawing the caregiver identified above as my designated caregiver;
- I understand this request is not subject to appeal; and
- I understand this request will result in the lack of a licensed caregiver until another individual I designate completes a caregiver license application and is approved for a license.

Patient Signature *(required)*: _____ Date: _____

(If applicable) PATIENT'S LEGAL GUARDIAN SIGNATURE

Printed Name: _____

Legal Guardian Signature: _____ Date: _____