

## Oregon Medical Marijuana Program

PO Box 14450

Portland, OR 97293-0450

(971) 673-1234 (Mon – Fri, 12:00 pm - 4:00 pm)

[www.healthoregon.org/ommp](http://www.healthoregon.org/ommp)

# Extension Request Form

- Please type or print legibly.
- The OMMP must receive this form **before** your current card expires to be eligible for an extension.
- Extension Requests are processed at a priority level.
- You will receive a response in writing once your request has been processed.

**Please type or print legibly.**

PATIENT – REQUIRED	
LEGAL NAME (Last, First, MI):	DATE OF BIRTH:
MAILING ADDRESS:	PHONE:

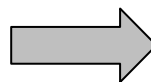
### Reason for Extension Request – REQUIRED

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### PATIENT SIGNATURE & DATE – REQUIRED

PATIENT SIGNATURE:	DATE:
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*Mail or fax completed request form to:*



**OHA/OMMP  
PO Box 14450  
Portland, OR 97293-0450  
Fax: 971-673-1278**