DEPARTMENT OF HEALTH

RECEIVED
JUL 31 2019

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

Section A: Petitioner's Information

Name (First, Middle, Last): [redacted]		
Home Address (including Apartment or Suite #): [redacted]		
City: [redacted]	State: MN	Zip Code: [redacted]
Telephone Number: [redacted]	E-mail Address: [redacted]	

Section B: Medical Condition You Are Requesting Be Added

Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. **Optional:** Include diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s), if you know them. *Attach additional pages as needed.*

Adult onset Macular Degeneration (AMD) this patient has both wet and dry forms of the disease.

Macular Degeneration is the leading cause of severe, irreversible vision loss in people over 60. It occurs when central portion of the retina, the macula deteriorates.

DEPARTMENT OF HEALTH

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life. *Attach additional pages if needed.*

the vision loss associated with AMD is profound. Blurry and distorted waviness in a persons field of vision affects daily life in many ways. The biggest challenges are driving and reading.

Section D. Availability of conventional medical therapies

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment. *Attach additional pages if needed.*

there are no eyeglasses to correct AMD. the dry form is caused by dry deposits in the retina and is untreatable. the wet form of AMD is a bleeding hemmorage below the macula. the treatment requires a monthly injection in the eye in attempt to stop the bleeding and swelling. I really don't know if the treatment has helped the condition yet - am optimistic

DEPARTMENT OF HEALTH

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

Section E: Anticipated benefits from Medical Cannabis

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition. *Attach additional pages if needed.*

the testimonials on using CBD as a treatment for Macular Degeneration are impressive. I have read reports of vision improvements and even reversal of the symptoms. With so few options available for treatment, CBD stands out as an appealing alternative treatment. I would very much wish to try this for obvious reasons.

Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment

It will strengthen your petition to include evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

☐ ***I have attached relevant articles.*** *(check box if you have attached scientific articles or studies)*

Section G (optional): Letters in Support of Adding the Medical Condition

Attach letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional.

☐ ***I have attached letters of support.*** *(check box if you have attached letters of support)*

DEPARTMENT OF HEALTH

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

Section H: Acknowledgement and Signature

Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this Petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

[redacted] 7-26-19

SIGNATURE DATE (mm/dd/yyyy)

07-26-2019

To obtain this information in a different format, call:
(651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.