

PATIENT CONTACT INFORMATION

_____		_____	
First Name		Last Name	
_____ / _____ / _____		_____ (_____) _____ - _____	
Date of Birth (MM/DD/YYYY)		Phone Number	
_____		_____	
Street Address	City	State	Zip Code

MASSACHUSETTS PATIENT REGISTRY INFORMATION

_____		_____ / _____ / _____	
Massachusetts Patient Registration Number		Exp. Date (MM/DD/YYYY)	
_____ @ _____		<input type="checkbox"/> Yes, I would like to receive important information and updates directly.	
Email Address			

REGISTERED CAREGIVER INFORMATION

_____		_____ / _____ / _____	
Caregiver Registration Number		Exp. Date (MM/DD/YYYY)	
_____		_____	
Caregiver First Name		Caregiver Last Name	
_____ / _____ / _____		_____ (_____) _____ - _____	
Caregiver Date of Birth (MM/DD/YYYY)		Caregiver Phone Number	
_____		_____	
Street Address	City	State	Zip Code

Temescal Wellness provides qualifying guests and patients with a variety of high-quality cannabis products and education in strict compliance with state and local rules and regulations. We are proud to cultivate, manufacture and dispense cannabis products in the state of MA.