MONTANA DEPARTMENT OF REVENUE

Cardholder Petition for Exception to Monthly Purchase Limits

V2 4/2026

Clear Form

16-12-515 (1) (b) (i), MCA: A registered cardholder may petition the department for an exception to the monthly limit on purchases. The request must be accompanied by a confirmation from the physician who signed the cardholder's written certification that the cardholder's debilitating medical condition warrants purchase of an amount exceeding the monthly limit. (ii) If the department approves an exception to the limit, the approval must establish the monthly amount of usable marijuana that the cardholder may purchase, and the limit must be entered into the seed-to-sale tracking system.

Completion of this form does not constitute a prescription for marijuana.

PHYSICIAN AND CARDHOLDER: READ THIS CHECKLIST BEFORE SENDING THIS FORM TO THE DEPARTMENT

- Forms must be legible and filled out completely.
- Forms may not be modified or edited in any way.
- Upon completion, this form must be uploaded as part of an individual's New, Renewal, or Update application.
- Approved petitions will raise a cardholder's monthly purchase limit to a maximum of 8 ounces of flower or the equivalent in marijuana products per month.

Cardholder Name _____ Cardholder's DOB _____
Last First MI

Cardholder's current License Number (if applicable) _____

This information must match the information on file with the Montana Board of Medical Examiners:

Physician's Name _____ Montana License Number _____

Street Address, City, State, ZIP (physician's office) _____

_____

Mailing Address, City, State, ZIP _____

Physician's Telephone Number _____

Is any of the information above new information that needs to be updated in the CARD System? ☐ Yes ☐ No

Cardholder statement for increase – please provide a brief explanation why you require an increase in monthly purchase limits:

_____

_____

_____

Cardholder Signature _____ Date _____

Physician statement for increase – please provide a brief explanation for an increase in monthly purchase limits:

_____

_____

_____

This patient assessment was conducted via telemedicine in accordance with 16-12-502 (2), (3), 16-12-509 (2)(d), (4) MCA ☐ Yes ☐ No

By signing this form, I declare under penalty of perjury, pursuant to 1-6-105, MCA, that the following is true and correct:

a. I am a physician duly licensed to practice medicine in Montana under MCA Title 37, Chapter 3, Part 3.

b. I confirm the patient's debilitating medical condition warrants purchase and use of an amount exceeding the default monthly limit of five (5) ounces.

c. I am this patient's treating physician or referral physician and I have previously described the patient's debilitating condition in a Physician Statement for a Debilitating Condition.

d. I have reviewed all prescription and non-prescription medications and supplements used by this patient and have considered the potential drug interaction with marijuana.

e. I have a reasonable degree of certainty that this patient's condition would benefit from increasing the monthly purchase limits for marijuana and the potential benefits of increased marijuana use will likely outweigh the health risks for this patient.

f. I have described the potential risks and benefits of the use of marijuana to this patient.

g. I will continue to serve as this patient's treating physician and will supervise the use of marijuana and evaluate the efficacy of the treatment.

h. If conducted by telemedicine, I have complied with the statutory requirements of 16-12-502 and 16-12-509,MCA.

Physician's Printed Name _____

Physician's Signature _____ Date _____