

# MEDICAL CANNABIS PROVIDER COMMUNICATION FORM

CONFIDENTIAL PATIENT INFORMATION

Date: 12/10/2025

Fax/Secure Message

TO: Prasanthi Ganesa, MD

FROM: Morvarid Rezaie, DO

Practice: The Center for Cancer and Blood Disorders

Role: medicinal cannabis prescriber

Fax: 817-333-0173

Practice: PalliCann Consultants

## RE: Medical Cannabis Treatment Plan Consultation

Dear Dr. Ganesa,

I am writing to inform you that your patient has initiated medical cannabis therapy under my consultation. I am reaching out to establish a collaborative relationship to ensure continuity of care. Please do not hesitate to contact me with any questions or concerns regarding this treatment plan.

### PATIENT INFORMATION

Patient Name	Date of Birth	Cannabis Certification #
BR	1/10/1990	12345
Age/Gender	Cannabis Experience	
35 years old, Female	X Cannabis-naive <input type="checkbox"/> Prior experience	

### QUALIFYING CONDITION & SYMPTOMS

Primary Qualifying Condition	
Cancer	
Onset/History	Known Triggers
Began ~8 months ago	Radiation, antineoplastic treatment

### Primary Symptoms

- Pelvic and lumbar pain, constant, rated 7-8/10, with occasionally radiation into lower extremities impacting ambulation, sleep
- Constipation, at least in part related to opioids
- Anxiety and insomnia related to sleep and worries about the management of cancer and her ability to carry on with employment

### Previous Treatments Tried

Hydrocodone/APAP, ER oxycodone, IR hydromorphone, pregabalin

### CURRENT MEDICATIONS & DRUG INTERACTIONS

Medication	Strength	Frequency	Interaction Risk & Monitoring
Paclitaxel	200mg	Q3wks	THC/CBD may increase drug effect by CYP2CB substrate

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Medication	Strength	Frequency	Interaction Risk & Monitoring
OxyContin	40mg	Q8hrs	THC/CBD may increase drug effect by CYP3A4 substrate
Bevacizumab	1300mg	Q3wks	None
Pregabalin	75mg	Q8hrs	None but possibility of sedation
Hydromorphone	4mg	Q3-4hrs prn	None but possibility of sedation
Carboplatin	600mg	Q3wks	Unknown (not in CANN-DIR)

Drug interaction data sourced from: [Citation, e.g., Drugs.com; Penn State CANN-DIR]

## CANNABINOID FORMULATION & DOSING

### Daily Maintenance Regimen

Product/Formulation	Starting Dose	Target Dose Range	Frequency
Oil, 1:1 CBD:THC	2.5mg CBD, 2.5mg THC	Lowest effective dose	1-2 times a day

### Acute/Rescue Protocol (if applicable)

Product/Formulation	Dose	When to Use	Expected Onset
n/a due to continuously high level of pain; will reassess	n/a	n/a	n/a

### Titration Instructions

Start with 2.5mg CBD and 2.5mg THC, prior to bedtime, with food in stomach for 3-5 days.

If no change to pain and no adverse effects, can increase by 2.5mg of each cannabinoid.

Continue to increase every 3-5 days until the desired effect (pain control and uninterrupted sleep) is achieved.

## PATIENT COUNSELING PROVIDED

- Start low and go slow:** Begin with the lowest recommended dose and increase gradually every 3-5 days as tolerated.
- First-time use guidance:** Use for the first time at home when not needing to drive or operate hazardous equipment.
- Administration with food:** Cannabinoids are lipophilic; taking with fatty foods enhances absorption.
- Medication timing:** I recommend taking the cannabis product and waiting 1.5-2 hours before taking pregabalin or hydromorphone to minimize over-sedation/drowsiness.
- Storage:** Store in a cool, dry place away from light and out of reach of children.
- Usage log:** Patient instructed to maintain a cannabis use log documenting dose, timing, and effects.

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## MONITORING PLAN

### Adverse Effects to Monitor

<ul style="list-style-type: none"><li>• Tachycardia (rapid heartbeat)</li><li>• Dry mouth</li><li>• Dizziness or lightheadedness</li></ul>	<ul style="list-style-type: none"><li>• Confusion or altered cognition</li><li>• Anxiety or panic</li><li>• [Other condition-specific effects]</li></ul>
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### Follow-Up Schedule

<b>Week 2</b>	Tolerance assessment and adverse effect review
<b>Week 4</b>	Efficacy evaluation and dosing adjustment
<b>Week 8</b>	Comprehensive review of symptom frequency and conventional medication use

### Recommended Laboratory Monitoring

Check hepatic panel (AST, ALT) 2-3 weeks after initiation of cannabis.

**EMERGENCY GUIDANCE:** If adverse effects are severe or overwhelming, the patient is instructed to call 911 or proceed to the nearest emergency department.

## REQUEST FOR CLINICAL DOCUMENTATION

To provide the most comprehensive care, I would appreciate receiving any relevant clinical documentation, if available:

- Neuroimaging or diagnostic reports relevant to condition
- Recent progress notes documenting symptom frequency and severity
- Specialist consultation reports
- Laboratory results relevant to current medication regimen
- Documentation of previous medication trials and outcomes
- Other: \_\_\_\_\_

I look forward to collaborating with you to optimize this patient's care. Please feel free to contact me with any questions or concerns.

Sincerely,



### Morvarid Rezaie, DO

Medicinal cannabis prescriber

PalliCann Consultants

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[Click to watch: 📺 MCST 605 Assignment 8.1\\_ Mock Patient Counseling Session Recording](#)

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