Medical Cannabis 6 Month UPDATE instructions

Step 1. Log onto your portal with the Mississippi DOH at <u>https://ms-doh-public.nls.egov.com/login</u>



	New Application	×	
	You are creating a new application for:		Expiry Da
	Iam a* Patient		Feb 21, 2 e: 10 👻
~	New Patient Registration		
	⑦ Please switch accounts if you want to create an application for a different person or business.		
	CREATE APPLICATI	OŅ	

Step 3:

Select your current license number and then select **YES** to update practitioner information

Please select the applicable license number from the drop down. Please nc appear in the drop	te: If your license has been deactivated or is expired, it may not down.
Leense Number * PATS	
Please select the license number associated with the registration you wish to update.	
Do you want to update your name?	No No
Do you want to update your email address or phone number?	No No
Do you have a change to your residence or mailing address?	No No
Do you need to update your Practitioner Certification? 👔	Yes
Do you want to update your caregiver information? 🔞	No

Step 4: Click green tab (1st arrow) "Certifying Practitioner/Condition Information" Then click Green (2nd arrow) "View Available Certifications"

NFORMATION	CONTACT	PRACTITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	REVIEW
ecommendation 🗊		1				
VIEW AVAILABLE CERTIFICA	LIONS	_				
ondition Information						
Date of Patient Examination *		R	ecommended Amount *			
12/20/2022			tandard Amount Allov	ved by Law		
		0				
week Flower *		1 week Concentrate *		1 week Infused Proc	duct *	
5 units = 21 grams		6 units = 6 grams	*	6 units = 600 m	ng	
30 days Flower *		30 days Concentrate *		30 Days Infused Pro	oduct*	
24 units = 84 grams	Ŧ	24 units = 24 grams	Ŧ	24 units = 2400) mg	
Debilitating Medical Condition *						
Debilitating Medical Condition * G89.4 Chronic pain syndrome						

Step 5 : Select the MOST RECENT DATE under available certifications, It will be on the BOTTOM of list. Then click UPDATE

	Please select t	the Practitioner Certification by clicking on respect	ive sections below.	
Physician Nam	e: Chief Ro dg			
Recommendat	ion ID: 🌉	Examination Date: 12/20/2022	Select Most Recent Date on Bottom	
Physician Nam	e: Dana ana g			
Recommendat	ion ID: 🌮	Examination Date: 07/09/2023		g
			CANCEL	DATE mg

Step 6:

You can now submit your patient update, there should be no charge for this on the portal. If they ask you to put in a credit card you have selected "Patient Renewal" and not the correct "Patient Update"