

From: noreply@pharmacy.ohio.gov
To: MedicalMarijuana@med.ohio.gov
Subject: Condition Petition for Michael Hayes
Date: Sunday, November 10, 2019 11:36:22 PM

This message was sent from the Condition page on medicalmarijuana.ohio.gov.

Box was check regarding file size being too large to upload. Action needed!

Name: Michael Hayes
Address: 2027 west 91st, Cleveland , OH, 44102
Phone: (216) 276-7948
Email: michaelhayes4937@yahoo.com

Specific Disease or Condition:

Chronic back chronic hip

Information from experts who specialize in the disease or condition.

Metrohealth neon

Relevant medical or scientific evidence pertaining to the disease or condition.

Back problem

Consideration of whether conventional medical therapies are insufficient to treat or alleviate the disease or condition.

Insuffient

Evidence supporting the use of medical marijuana to treat or alleviate the disease or condition, including journal articles, peer-reviewed studies, and other types of medical or scientific documentation.

Metrohealth

Letters of support provided by physicians with knowledge of the disease or condition. This may include a letter provided by the physician treating the petitioner, if applicable.

Metrohealth