

Cover Letter Checklist for CBD Treatment Approval Committee

Patient Name:

Patient Age:

Patient Phone Number:

Patient Mailing Address:

Please find attached to this checklist, the following for the above listed patient:

- Signed referral letter for consideration into the UAB CBD Program,

- Medical History and record information attached (details included on instructions for the information packet and the primary care neurologist referral letter template)

- Alabama Residency Documentation/proof