Oregon Medical Marijuana Program
PO Box 14450
Portland, OR 97293-0450
(971) 673-1234 (Mon – Fri, 9:00am - 4:00 pm)
www.healthoregon.org/ommp

Extension Request Form

- Please type or print legibly.
- The OMMP must receive this form **before** your current card expires to be eligible for an extension.
- The Patient may have **ONE** 30-day extension granted every 3 years.
- Extension Requests are processed at a priority level.
- You will receive a response in writing once your request has been processed.

Please type or print legibly.

PATIENT – REQUIRED	
LEGAL NAME (Last, First, MI):	DATE OF BIRTH:
MAILING ADDRESS:	PHONE:

Reason for Extension Request – REQUIRED

PATIENT SIGNATURE & DATE – REQUIRED	
PATIENT SIGNATURE:	DATE:

Mail or fax completed request form to:

OHA/OMMP
PO Box 14450
Portland, OR 97293-0450
Fax: 971-673-1278