

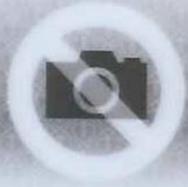


Department
of Health

Medical Marijuana Program

REGISTRY IDENTIFICATION CARD

VALID
WITHOUT PHOTO



SMITH
MARY
DOB: 11/5/98
2345 ANYWHERE STREET
YOUR CITY, NY 12345

ISSUE DATE: 4/14/13
UNDER 18

PATIENT

SAMPLE



1-2184275



90123 123456789 01

For questions regarding the New York State
Department of Health Medical Marijuana Program contact:
1-866-811-7957.

If found, please return in an envelope to:
New York State Department of Health
PO Box 2071
Albany NY, 12220



Department
of Health