

The Past, Present & Future Developments of Medical Cannabis in Thailand



เฟรช เมดิค คลินิกเวชกรรม

FRESH MEDIQ

FACIAL DESIGN HAIR REMOVAL BLOOD TEST HORMONE THERAPY
WEIGHT LOSS DERMAL FILLER IV VITAMIN DRIP PRP INJECTION

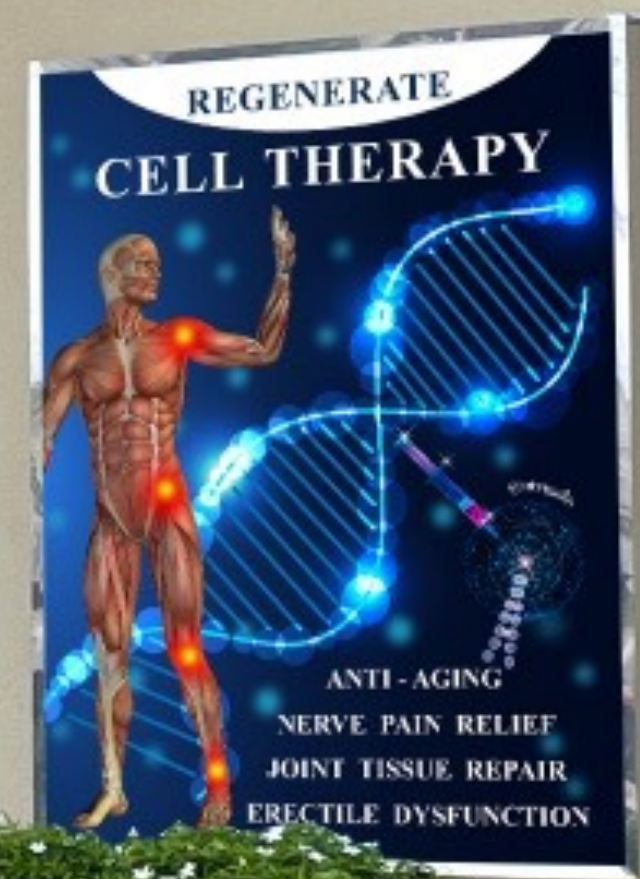
เฟรช เมดิค คลินิกเวชกรรม
ใบอนุญาตเลขที่ 20101008064



จันทร์ - เสาร์
10:00 - 19:00
โทร 092 471 9159

Mon - Sat
10:00am - 7:00pm
Tel 092 971 5159

OPEN



ANTI-AGING BLOOD TEST CELL THERAPY
โทร 092 471 9159

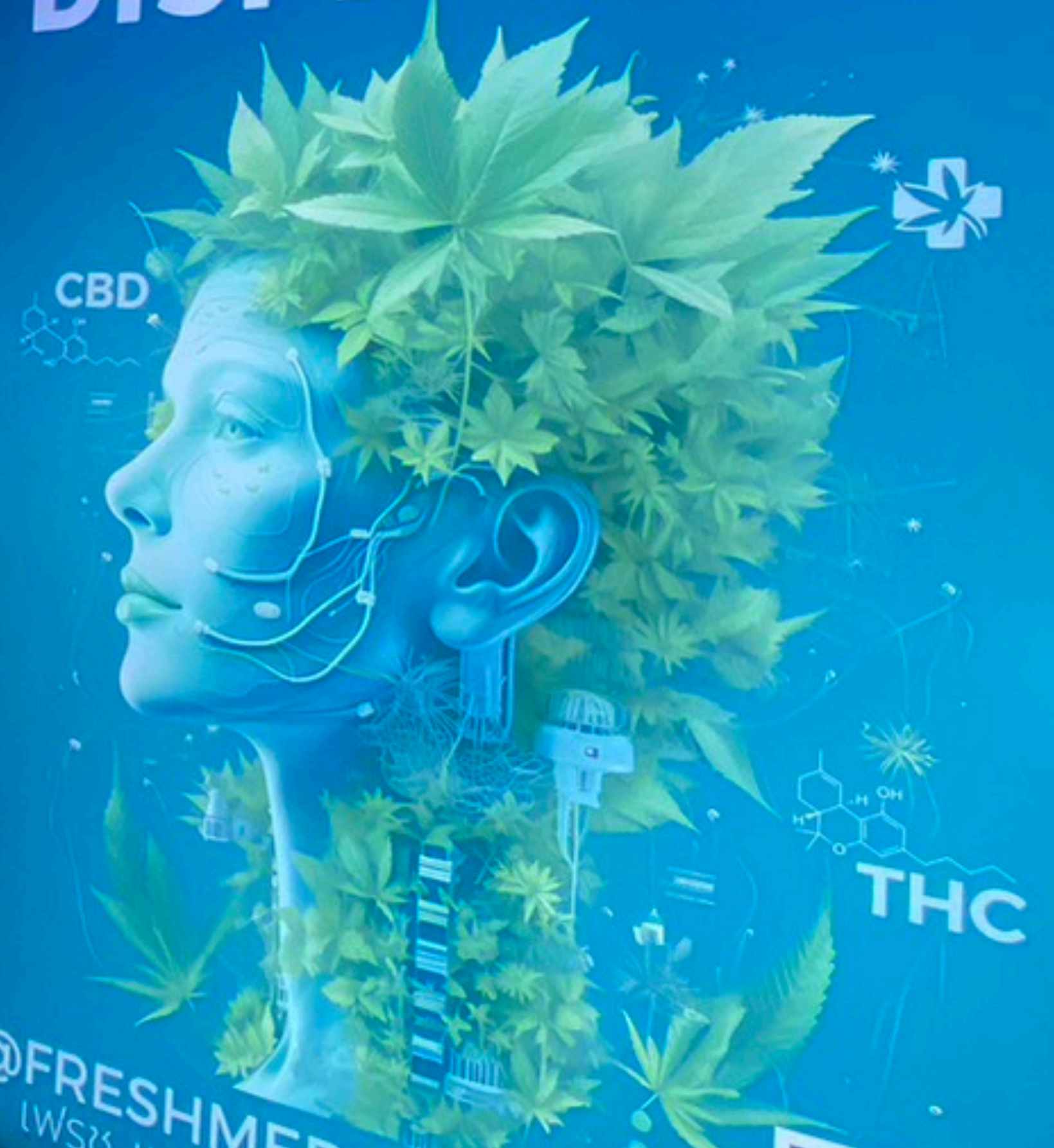


MEDICAL CBD THC
RELIABLE SUPPLY SINCE 2018



ORGANIC KRA
CANNABIS PATIENT LICENSE

MEDICAL
DISPENSARY



@FRESHMEDIQ
ផ្លូវលាភ ភ្នំពេញ



MEDICAL CANNABIS



2018 MEDICAL CANNABIS LANDSCAPE

Thai Traditional Medicine

Modern Cannabis Medicine

THE IMPACT & CONTRIBUTIONS OF MEDICAL CANNABIS DATA

Medical Cannabis Patient Data

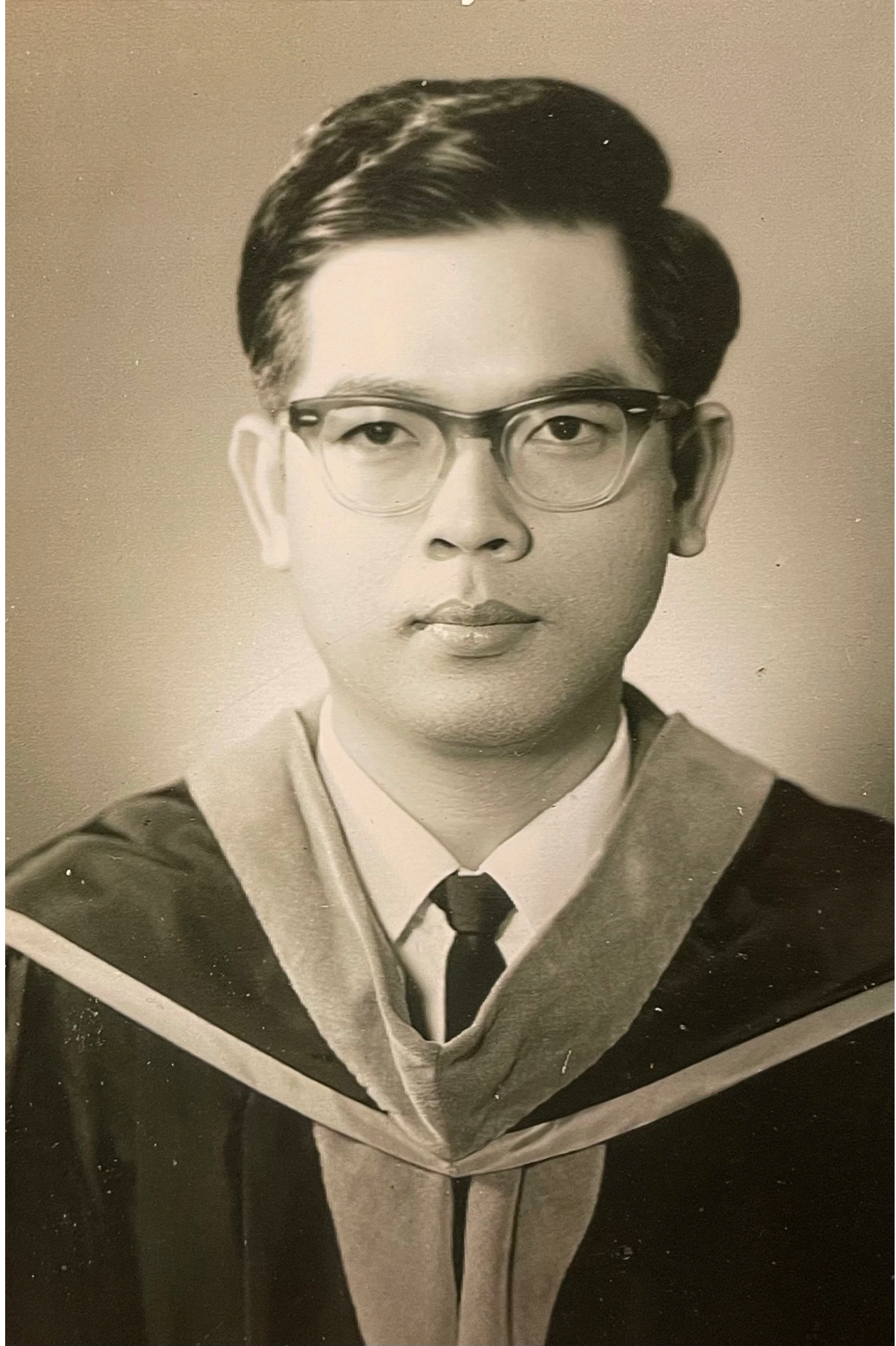
Government Pharmaceutical Organization (**GPO**), Thai Food and Drug Administration (**Thai FDA**)

2023 MEDICAL CANNABIS LANDSCAPE

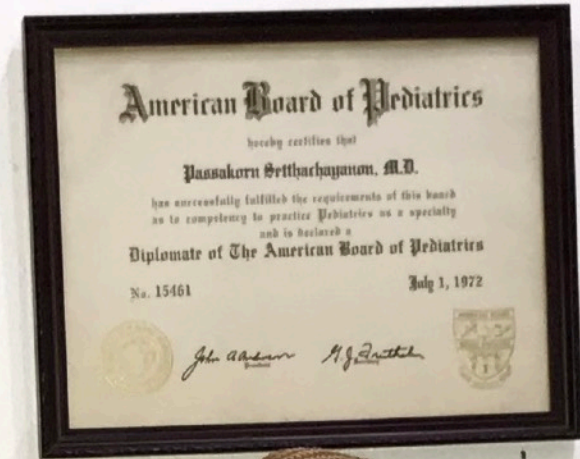
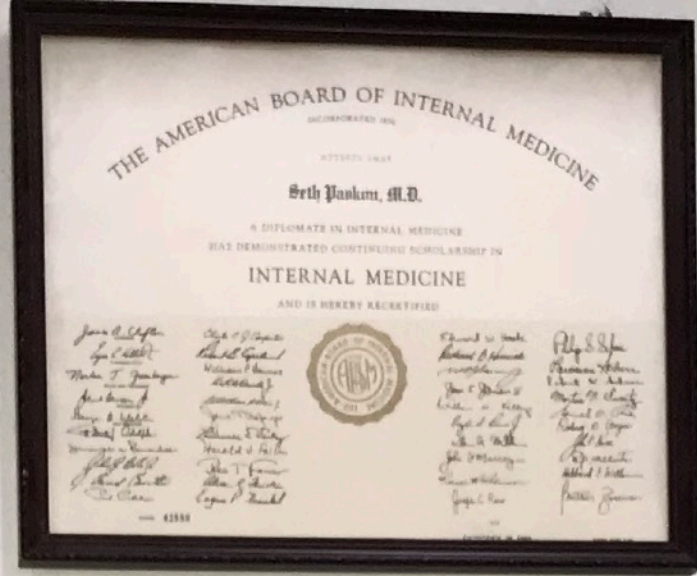
Available Types of Medical Cannabis

FUTURE CHALLENGES & POTENTIAL DIRECTION

SPECIAL OFFER FROM FRESH MEDIQ













ยาสมุนไพร น้ำมันเบญจขันธ

Herbal Medicine Benjakhan

ลำดับ	ชื่อยา	ชื่อวิทยาศาสตร์	น้ำหนักยา
1	น้ำมันงาม้อน	Perilla Seed Oil	1 ส่วน Part
2	น้ำมันรำข้าว	Rice Bran Oil	1 ส่วน Part
3	น้ำมันขมิ้นชัน	Cumin Oil	1 ส่วน Part
4	น้ำมันมะพร้าว	Coconut Oil	1 ส่วน Part
5	น้ำมันกัญชา	Cannabis Oil	1 ส่วน Part

ข้อบ่งใช้: ช่วยให้นอนหลับ ผ่อนคลายจิตใจ

Indications: Sleep Disorder, Mild Sedative

ยาสมุนไพร ตรีสิวะकुณ

Herbal Medicine Drisiwakoon

ลำดับ	ชื่อยา	ชื่อวิทยาศาสตร์	น้ำหนักยา
1	สะค้าน	Piper	1 ส่วน Part
2	ผักแพวแดง	Amaranth	1 ส่วน Part
3	ดอกลี	Flame Lily	1 ส่วน Part
4	ว่านน้ำ	Sweet Flag	1 ส่วน Part
5	มหาหิมคุ	Asafetida	1 ส่วน Part
6	เนื้อไม้ฝักราชพฤกษ์	Golden Shower Tree	1 ส่วน Part
7	โกฎีสอ	Wild Angelica	1 ส่วน Part
8	โกฎีพุงปลา	Malayan Urn Vine	1 ส่วน Part
9	โกฎีพาลิมพา	Sweet Worm Wood	1 ส่วน Part
10	กัญชา	Cannabis	1 ส่วน Part
11	อุตพิด	Bengal Arum	1 ส่วน Part
12	ชะเอมเทศ	Liquorice	1 ส่วน Part
13	ด้ปลี	Long Pepper	1 ส่วน Part
14	แก่นแสมทะเล	Grey Mangrove	1 ส่วน Part
15	พริกไทย	Pepper	7 ส่วน Part
16	แกนสับปะรด	Pineapple (Core)	1 ส่วน Part
17	เถาว์วัลย์เปรี๊ยะ	Derris Scandens	1 ส่วน Part

ข้อบ่งใช้: ursoraอาการปัสสาวะขัด ปัสสาวะไม่พุ่ง ปัสสาวะไม่สุด ต่อมลูกหมากโต

Indications: Urinary System Disorder, Enlarged Prostate



GPO CANNABIS OIL

Government Pharmaceutical Organization



DOSAGE

- ◆ 1,000mg CBD
- ◆ 10% CBD Isolate
- ◆ 4mg CBD / 1 Drop

DOSAGE

- ◆ 135mg THC & 125mg CBD
- ◆ 2.7% THC : 2.5% CBD Isolate
- ◆ 1mg THC & 1mg CBD / 1 Drop

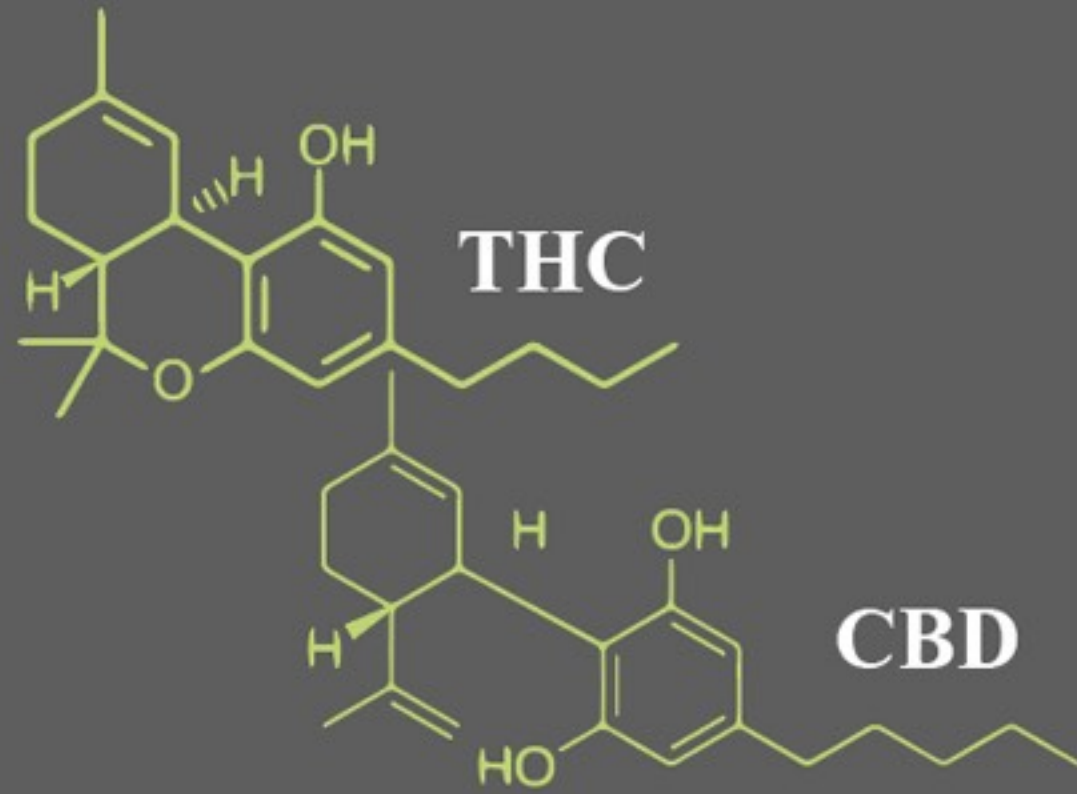
DOSAGE

- ◆ 65mg THC
- ◆ 1.3% THC Isolate
- ◆ 0.5mg THC / 1 Drop

DOSAGE

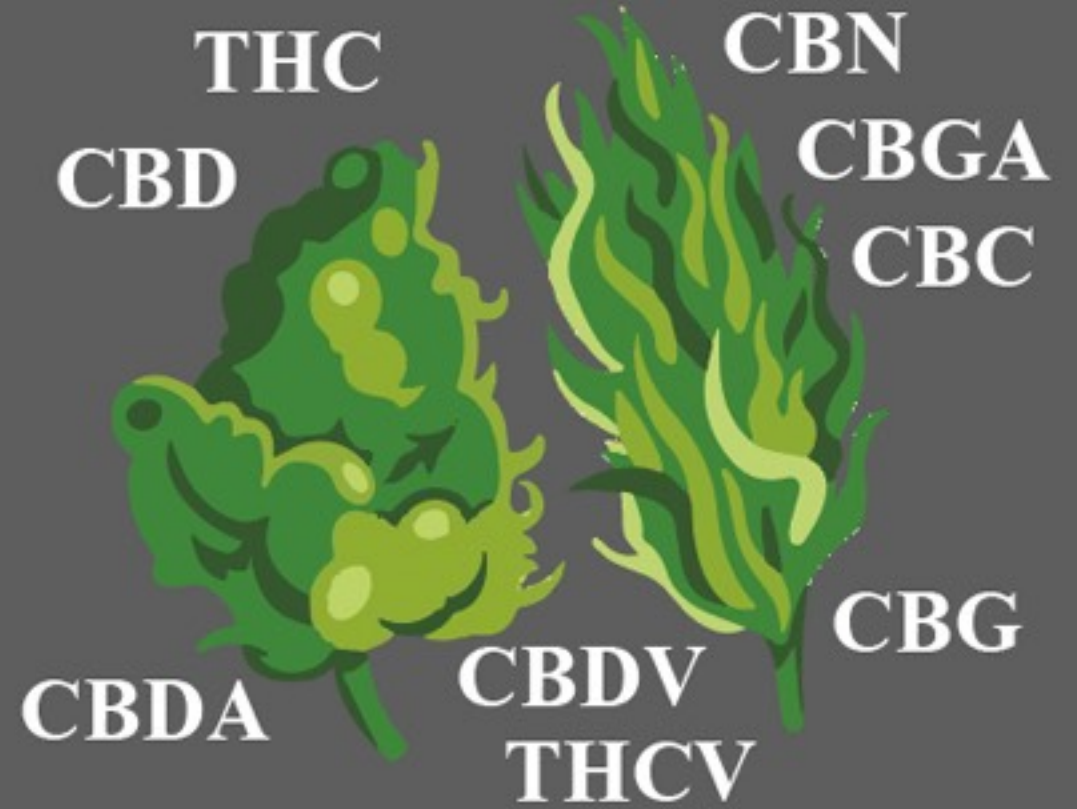
- ◆ 810mg THC
- ◆ 8.1% THC Isolate
- ◆ 3mg THC / 1 Drop

ISOLATE



MODERN MEDICINE
Doctors of Medicine (M.D.)

FULL SPECTRUM



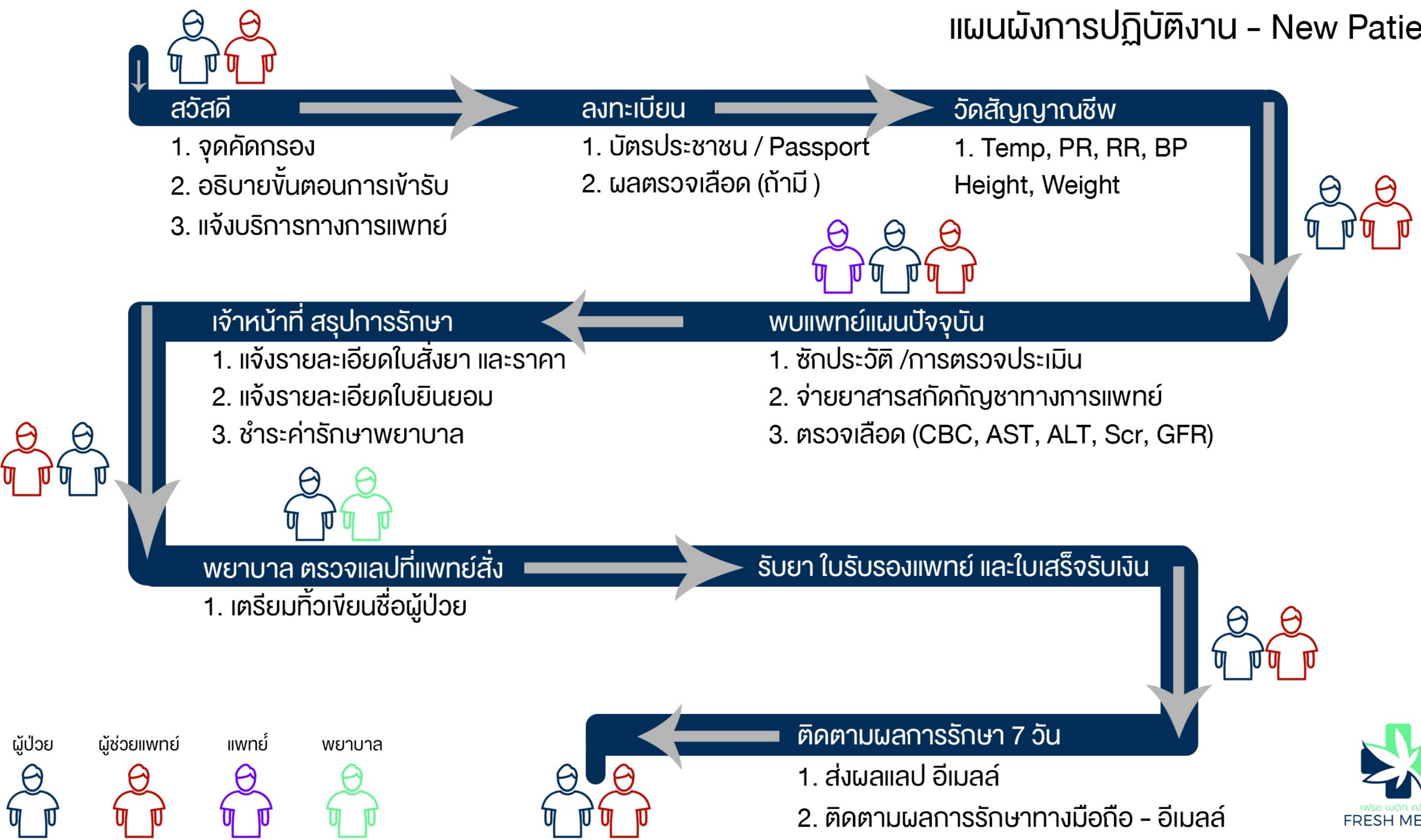
MODERN MEDICINE TRADITIONAL MEDICINE
Doctors of Medicine (M.D.) T.T.M. , A.T.M.

COMPOUND

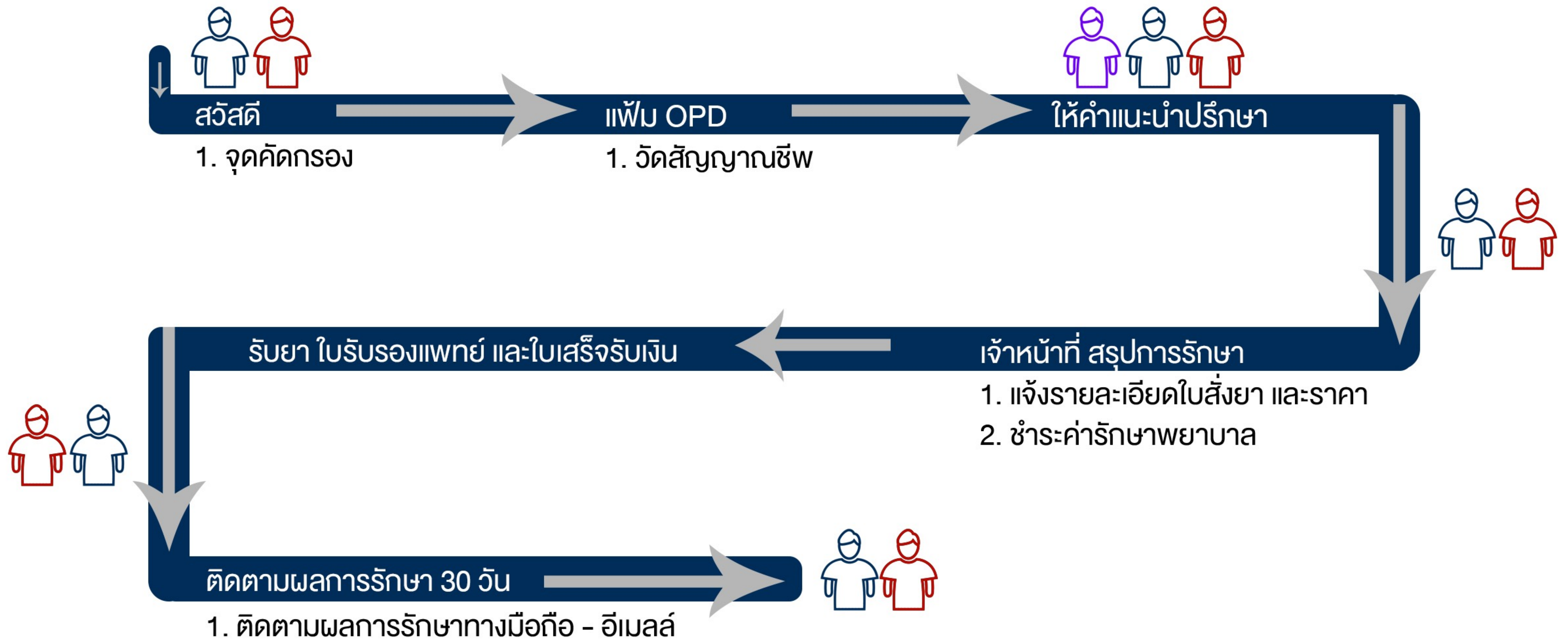


THAI TRADITIONAL MEDICINE
Doctors of Thai Traditional Medicine (TTM , ATM)

แผนผังการปฏิบัติงาน - New Patient



แผนผังการปฏิบัติงาน - Follow Up



ผู้ป่วย

ผู้ช่วยแพทย์

แพทย์



เฟรช เมดิค คลินิก
FRESH MEDIQ

HN
Date

REGISTRATION MEDICAL CANNABIS



PATIENT CONTACT	First Name & Last Name <input type="text"/>	Nationality <input type="text"/>	Gender <input type="text"/>
	Age <input type="text"/> Height cm <input type="text"/> Weight kg <input type="text"/>	Thailand Address <input type="text"/>	
	Email Address <input type="text"/>	Thailand Phone Number <input type="text"/>	

MEDICAL HISTORY	What are your health problems? <input type="text"/>	How do you treat these problems? <input type="text"/>
	Diagnosed Disease <input type="text"/>	Drug / Food Allergy <input type="text"/>
	Please List All Surgeries By Year <input type="text"/>	Please List All Current Medications <input type="text"/>
	Are you pregnant? <input type="checkbox"/> NO <input type="checkbox"/> YES	Breast feeding? <input type="checkbox"/> NO <input type="checkbox"/> YES

CANNABIS HISTORY	How long have you used Cannabis? <input type="checkbox"/> Never <input type="checkbox"/> 1-6 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5-10 Years <input type="checkbox"/> 10+Years
	When was the last time you used Cannabis? <input type="checkbox"/> N/A <input type="checkbox"/> Today <input type="checkbox"/> 2-3 Months Ago <input type="checkbox"/> 6-9 Months Ago <input type="checkbox"/> 1+Years Ago
	Why did you use Cannabis? <input type="checkbox"/> N/A <input type="checkbox"/> Dr Prescribed Therapy <input type="checkbox"/> Self Medicated Therapy <input type="checkbox"/> Recreation / Fun

CONSENT	<p>I have provided accurate information and confirm all information to be true. I have reviewed the INFORMED CONSENT and hereby authorize FRESH MEDIQ to treat me as a medical cannabis patient.</p>
	<p>FRESH MEDIQ 092 971 5159 489/2 View Talay Condo 4 Moo 12 Jomtien Soi 5 Nongprue Banglamung Chonburi 20150</p> <p>Signature <input type="text"/> Date <input type="text"/></p>

CONSULTATION



Date HN
Name

VITAL SIGNS Time <input type="text"/> Temp <input type="text"/> °C Height <input type="text"/> cm BP ² <input type="text"/> mm/Hg BP ¹ <input type="text"/> mm/Hg Weight <input type="text"/> kg PR <input type="text"/> /min RR <input type="text"/> /min	DOCTOR OF MEDICINE M.D. CC : _____ PI : _____ PE : _____ Dx : _____
QR CODE	Rx Prescription <input type="checkbox"/> THC Oil 81mg _____ <input type="checkbox"/> THC Oil 13mg _____ <input type="checkbox"/> MIX Oil 27mg : 25mg _____ <input type="checkbox"/> CBD Oil 5mg : 100mg _____ <input type="checkbox"/> Cannabis Flower _____ <input type="checkbox"/> Medication _____

FOLLOW UP

วันที่ **ผู้ให้ข้อมูล** ผู้ป่วย ผู้ดูแล **ช่องทางการติดตาม** คลินิก โทรศัพท์ ออนไลน์

จำนวนที่ใช้
 หยดใต้ลิ้น ครั้ง/วัน หยด/ครั้ง รับประทาน ครั้ง/วัน แคปซูล/ครั้ง สูบ ครั้ง/วัน mg/ครั้ง

อาการไม่พึงประสงค์
 มึนเวียนศีรษะ (Dizziness) ความดันโลหิตผิดปกติ (Abnormal Pressure) วิตกกังวล (Anxiety) โรควิตกกังวล (Psychosis)
 สับสน (Disorientation) ประสาทหลอน (Hallucination) เสียความสมดุล (Loss of Co-ordination)
 หัวใจเต้นช้า (Bradycardia) กระวนกระวาย (Agitation) ไม่มี อื่นๆ

อาการผู้ป่วย
 ดีขึ้น ระบุเหตุผล _____ พึงพอใจมาก _____
 ไม่เปลี่ยนแปลง ระบุเหตุผล _____ พอใจ _____
 แย่ลง ระบุเหตุผล _____ ไม่พอใจ _____

ชื่อผู้ซักประวัติ **วันที่**

เฟรช เมดิค คลินิก
092 471 9159
489/2 วิวทะเลสาบชิดตมคอนโด 4
หมู่ 12 จอมเทียนซอย 5
หนองปรือ บางละมุง ชลบุรี 20150

FRESH MEDIQ
092 971 5159
489/2 View Talay Condo 4
Moo 12 Jomtien Soi 5
Nongprue Banglamung Chonburi 20150

PDI
PAIN DISABILITY INDEX



Clinic Registration Number: 20101008064
Thai 092 471 9159 Eng 092 971 5159
489/2 View Talay Condominium 4
Moo 12 Jomtien Soi 5 Nongprue
Banglamung Chonburi 20150

Please circle the number on the scale that describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/Home Responsibilities

This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school).

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Recreation

This disability includes hobbies, sports, and other similar leisure time activities.

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Social Activity

This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Occupation

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Sexual Behavior

This category refers to the frequency and quality of one's sex life.

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Self Care

This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.)

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

Life-Support Activities

This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

1 2 3 4 5 6 7 8 9 10
No Disability Worst Disability

NAME

SIGNATURE

DATE

ISI
Insomnia Severity Index



Clinic Registration Number: 20101008064
Thai 092 471 9159 Eng 092 971 5159
489/2 View Talay Condominium 4
Moo 12 Jomtien Soi 5 Nongprue
Banglamung Chonburi 20150

For each question, please CIRCLE the number that best describes your answer.

Please rate the **CURRENT SEVERITY** of your insomnia problem(s) (i.e. **LAST 2 WEEKS**).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED or DISSATISFIED are you with your CURRENT sleep pattern?

0 1 2 3 4
Very Satisfied Satisfied Moderately Satisfied Dissatisfied Very Dissatisfied

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

0 1 2 3 4
Not Noticeable A Little Somewhat Much Very Much Noticeable

6. How WORRIED or DISTRESSED are you about your current sleep problem?

0 1 2 3 4
Not Worried A Little Somewhat Much Very Much Worried

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

0 1 2 3 4
Not Interfering A Little Somewhat Much Very Much Interfering

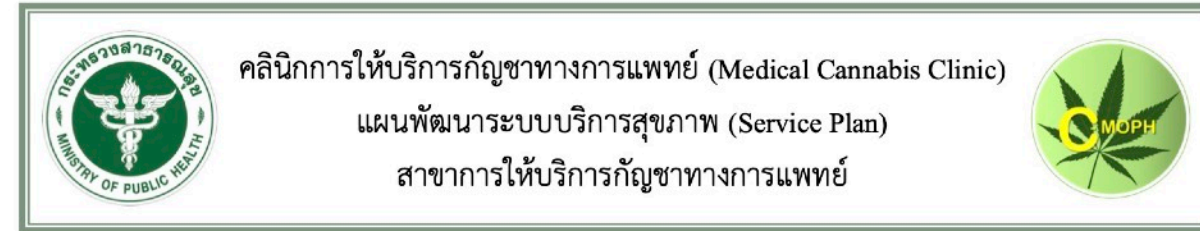
NAME

SIGNATURE

DATE

INFORMED CONSENT

MEDICAL MARIJUANA



Clinic Registration Number: 20101008064
Thai 092 471 9159 Eng 092 971 5159
489/2 View Talay Condominium 4
Moo 12 Jomtien Soi 5 Nongprue
Banglamung Chonburi 20150

Medical practitioners have explained and provided the following information to patients or caregivers (parents or legal representatives of pediatric patients aged not over 18 years of age or persons with physical or mental disabilities. Which cannot be decided by oneself) and expressed consent to the use of narcotics of category 5 (medical marijuana) in the treatment of diseases or conditions of patients by signing as a joint evidence in this document.

Note: Medical practitioners cannot assign others to be responsible for proceeding with informed consent for use of drugs in category 5 (medical marijuana) in the treatment of diseases or Patient's condition

1. Approval and product certification status by the Food and Drug Administration

This marijuana product has not been certified for quality, effectiveness, and safety by the Food and Drug Administration for sale on the market. Therefore, this marijuana product may have different levels of important active ingredients for different production models. However, the product sold has test results from analytical laboratories showing that the product is not contaminated. The heating of heavy metals, pesticides or other contaminants are not exceeding standards to cause harm to consumer health.

2. The use of narcotics of category 5, specifically marijuana, may cause addiction.

- There is clear information and educational reports that confirm the use of medical marijuana can lead to tolerance, which means getting used to the drug for repeated use, resulting in increased dosages or higher dosages to achieve the desired effectiveness. In addition, may cause drug or drug dependence, both physically and mentally.
- If I have feelings or thoughts about wanting to increase the dosage or the need for higher amounts and frequency of marijuana, I will inform the treating physician to assess, adjust the size of use or plan the next treatment.

3. Warnings, precautions and side effects that may occur from the use of narcotics of category 5, only marijuana. *Warnings and precautions for using drugs to be punished in category 5, specifically marijuana are as follows:*

- (1) Do not use for people who have previously been allergic to marijuana and other compounds in marijuana products.
- (2) Avoid the use of marijuana in pregnant women. Lactating women, including women of reproductive age who do not have contraceptives or women who are planning to become pregnant.
- (3) Cannabis should not be used with a predominant amount of active ingredient THC (delta-9-tetrahydrocannabinol) in persons under the age of 25, except in cases where the doctor considers that the patient benefits more than the risk.

(4) Cannabis should not be used in patients with severe coronary artery disease or cerebrovascular disease. Cannabis may cause low blood pressure, sometimes it can cause high blood pressure, syncope, or unconsciousness, myocardial infraction, and/or stroke.

(5) Cannabis should not be used in patients with severely impaired liver or kidney function.

(6) Cannabis should not be used with a significant amount of active ingredient THC (delta-9-tetrahydrocannabinol), especially marijuana that has a high concentration of THC, for patients with a history of psychiatric disorders (such as psychosis, schizophrenia, anxiety and mood disorders) or having a family history of schizophrenia.

(7) Cannabis should not be used continuously for a long time as drug addiction may occur. Unless the doctor ordered regular usage, treatment should be evaluated periodically via consultation with a certified doctor before stopping medication because it is necessary to reduce the dosage gradually to prevent withdrawal symptoms.

(8) If you are treated with tranquilizers or other psychotropic drugs, patients must notify a doctor and if used in combination with marijuana, must be used with caution due to the central sedative effect or increased psychoactive effects.

(9) Cannabis should be used with caution in patients with a history of substance abuse, including those with a history of alcohol dependence.

(10) If there is an allergic reaction to the drug, such as a rash, swollen mouth, swollen eyes, swollen face, stop using the drug and consult a doctor or pharmacist.

(11) Cannabis may cause drowsiness; therefore patients should not drive a vehicle, work with machinery, or work in dangerous environments.

- Possible side effects of marijuana use include drowsiness, dizziness, anxiety, confusion, dry mouth, nausea, short-term memory deficiency, euphoria, blurred vision, low blood pressure, no concentration, impaired movement skills, psychosis, paranoia, mental symptoms, lack of enthusiasm, depression and / or restlessness. There is also data supporting that medical marijuana use, especially those under the age of 25 can have long-term problems with concentration, memory, learning, drug abuse and psychiatric disorders.

- I will inform the treating physician if any of the above side effects occur.

- I will inform the treating physician if I experience depression, psychiatric symptoms, thoughts of suicide, crying without reason, abnormal sleeping habits, extreme fatigue, increased irritability, anger, or begin to separate from family and / or friends.

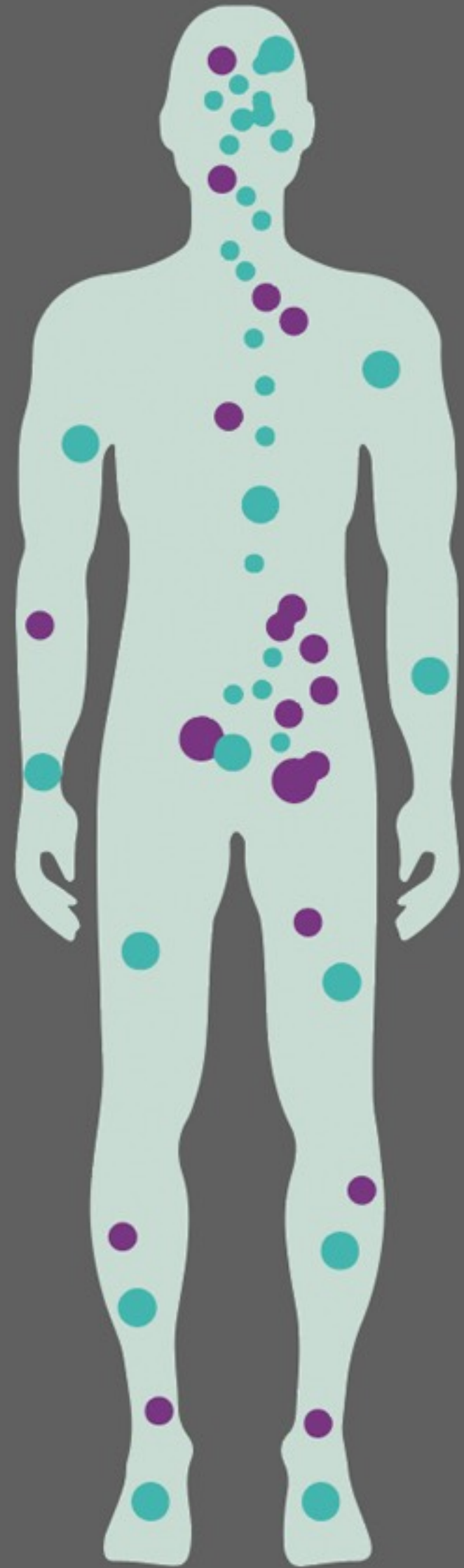
4. Risks, benefits and interaction between drugs of cannabis

- There is information that many drugs have risks, benefits, and interactions with cannabis. Many medications, when combined, can cause serious adverse reactions and may be fatal.

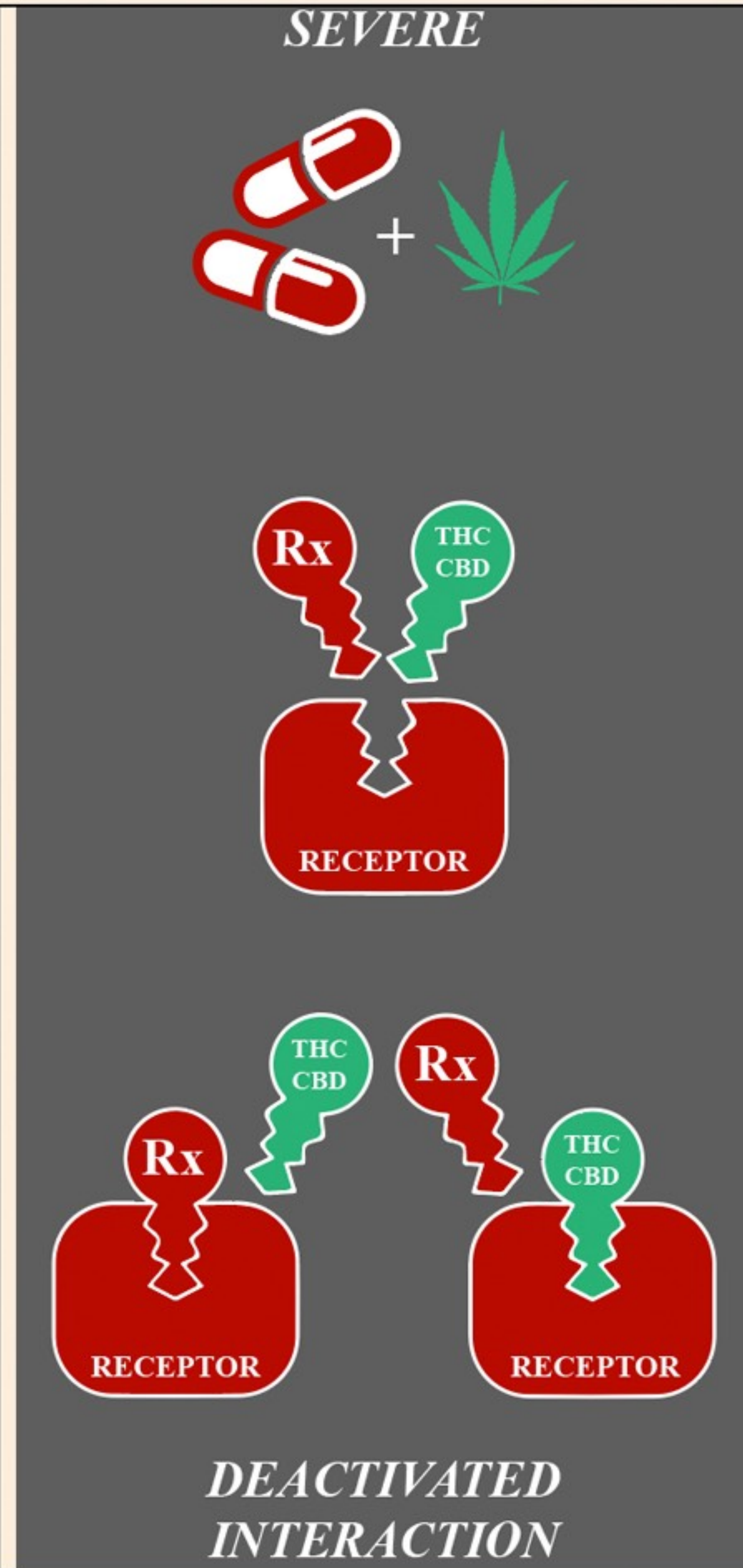
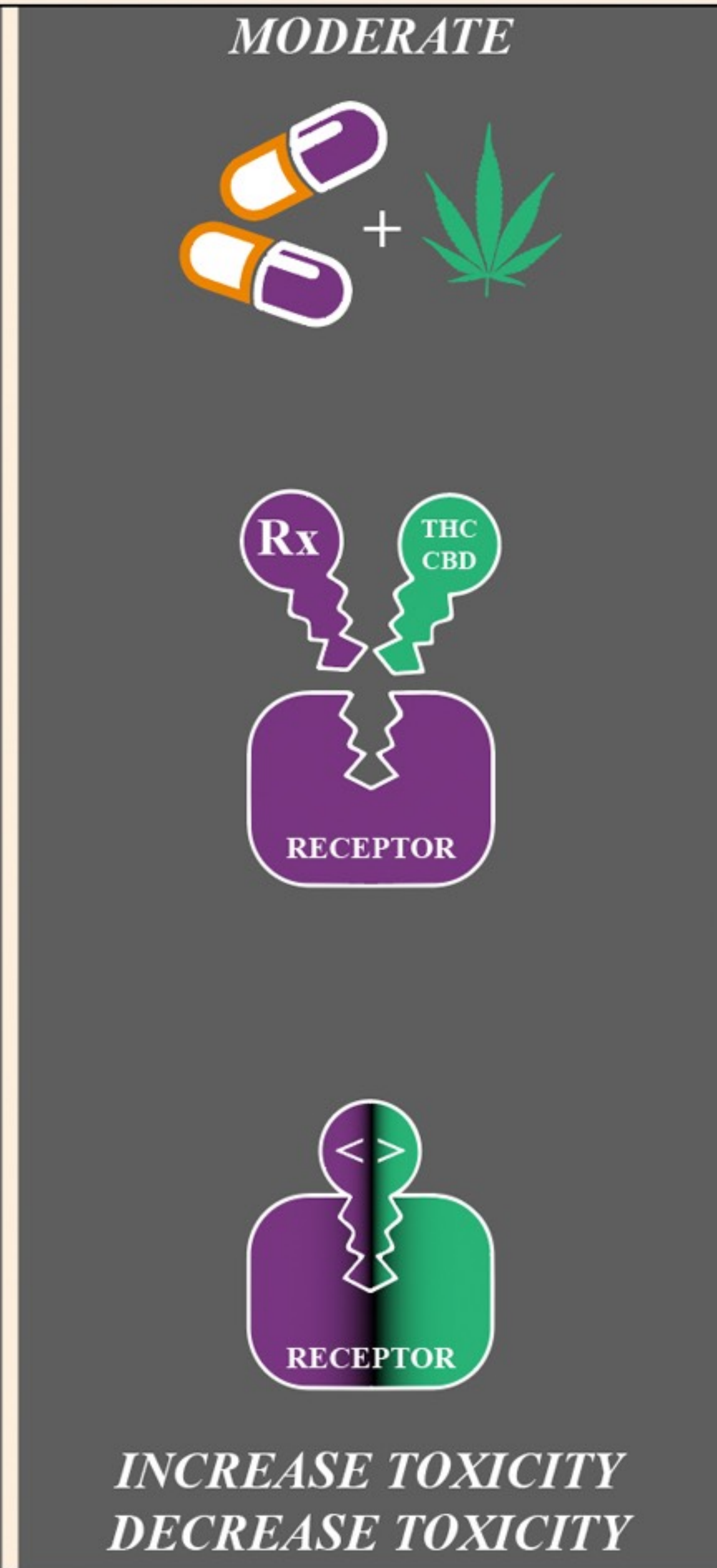
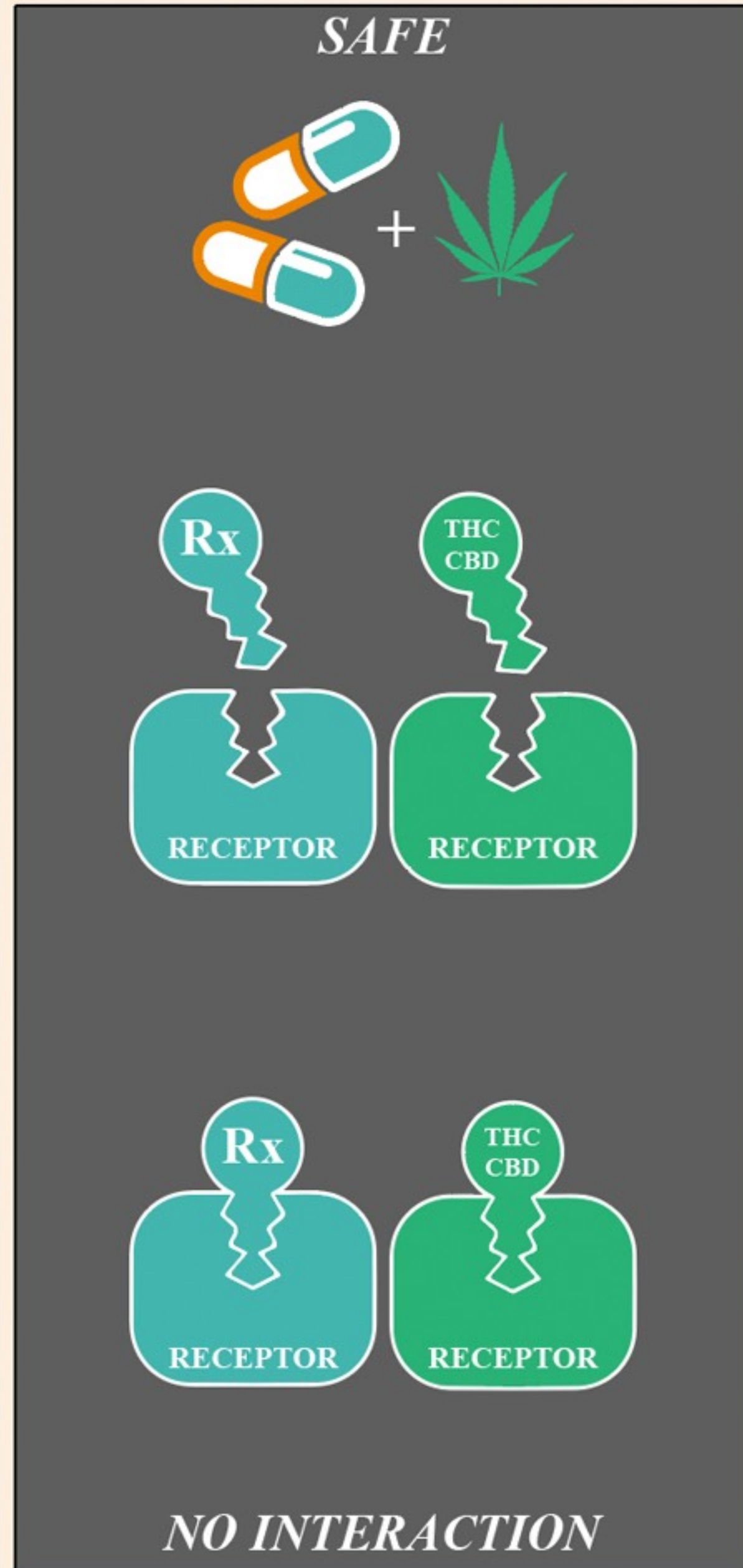
As in the following examples:

- When used together, these drugs can increase the effect or toxicity of such drugs. For example, opioid painkillers such as morphine, codeine, oxycodone, central sedative drugs such as benzodiazepines, macrolides disinfectants, calcium channel blockers, cyclosporine, sildenafil, antihistamines, haloperidol, SSRIs such as fluoxetine, escitalopram, sertraline, statins such as atorvastatin, other simvastatin such as warfarin etc.
- Marijuana when used together with these drugs will increase the level of marijuana in the body and the effect of marijuana. For example, antiviral drugs such as ritonavir lopinavir, bactericidal drugs such as erythromycin, clarithromycin, fungicides such as ketoconazole, fluconazole, itraconazole, others such as diltiazem, verapamil.

DRUG INTERACTIONS



*CB1 & CB2
RECEPTORS*



PRESCRIPTION

Date 04 / 05 / 2022

Name Mr. Barton Walters 650123



ไทย 092 471 9159

Eng 092 971 5159



hello@FRESHMEDIQ.com

patient@FRESHMEDIQ.com



489/2 วิวทะเลสาบสีดงคองโดมเนียม 4
หมู่ 12 จอมเทียนซอย 5 ต.หนองปรือ
อ.บางละมุง จ.ชลบุรี 20150

Treatment Program โปรแกรมการรักษา	CODE	Instructions คำแนะนำ					Quantity จำนวน	Unit ยูนิต	Price / Unit ราคา / ยูนิต	Total Price ราคารวม
		Dose ปริมาณ	per Day ครั้งต่อวัน	Total Days รวมวัน	Total Dose ปริมาณทั้งหมด	Notes หมายเหตุ				
GPO THC Forte 10mL		2 drop	1 time	60 days	120 drops	PM	1	bottle	฿ 2,900	฿ 2,900
GPO CBD 10mL		2 drop	1 time	60 days	120 drops	AM	1	bottle	฿ 2,900	฿ 2,900
Dr. Fees										N/A
Shipping										FREE

INSTRUCTIONS

1. Take 1-2 Drops **UNDER THE TONGUE.**
2. Do **NOT** immediately eat or drink after dropping Cannabis Oil for at least 20 min.
3. Effective dosage results in mild intoxication.



DOSAGE

- ◆ 1,000mg CBD
- ◆ 10% CBD Isolate
- ◆ 4mg CBD / 1 Drop



DOSAGE

- ◆ 135mg THC & 125mg CBD
- ◆ 2.7% THC : 2.5% CBD Isolate
- ◆ 1mg THC & 1mg CBD / 1 Drop



DOSAGE

- ◆ 65mg THC
- ◆ 1.3% THC Isolate
- ◆ 0.5mg THC / 1 Drop



DOSAGE

- ◆ 810mg THC
- ◆ 8.1% THC Isolate
- ◆ 3mg THC / 1 Drop



970-3-00253-6

FRESH MEDIQ CLINIC

ธนาคารกสิกรไทย

KASIKORN BANK 泰华农民银行

870-2-27659-5

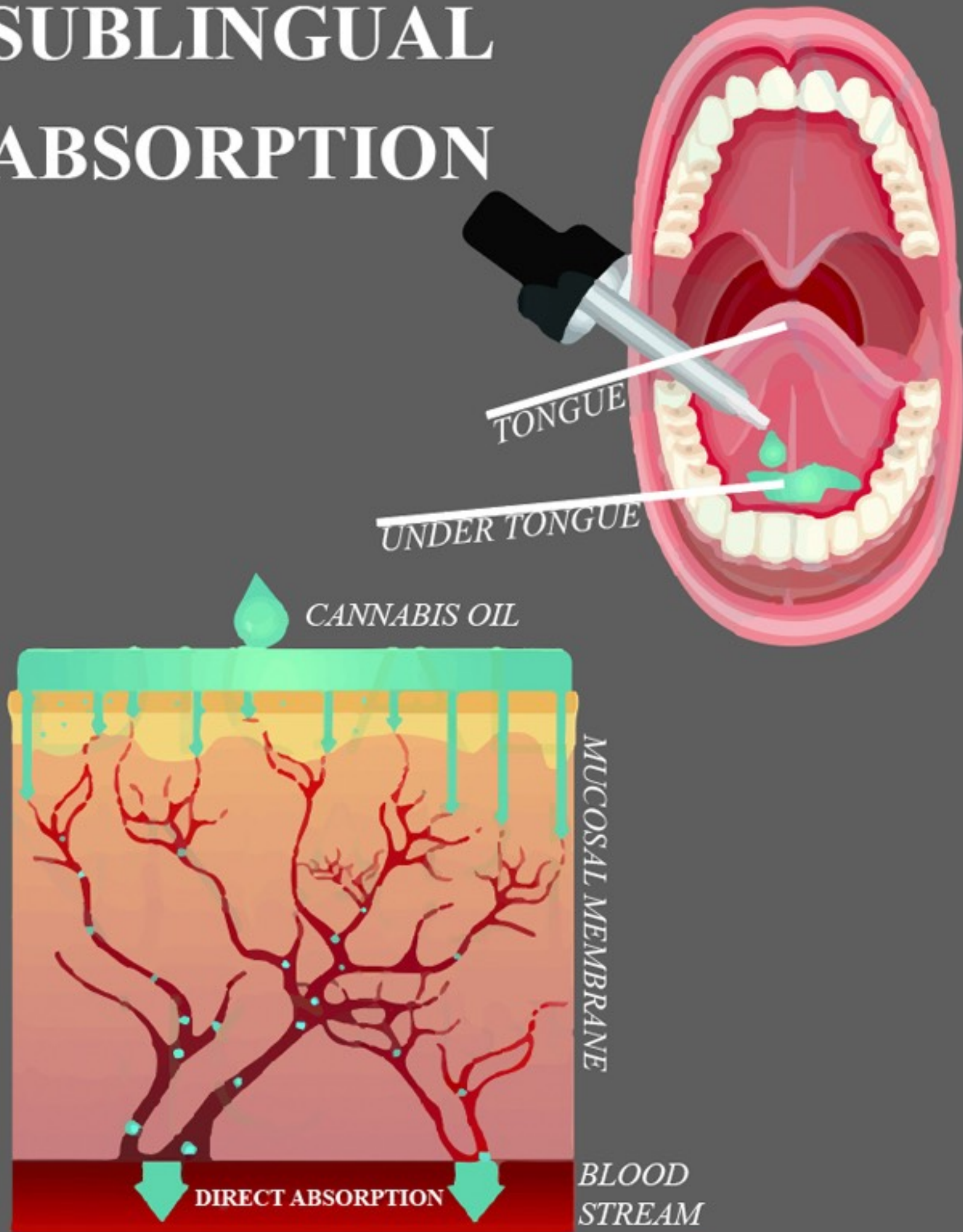
DR. NUTTAMON LE MEN

FRESH MEDIQ AUTHORIZATION

Grand Total รวมทั้งหมด

฿ 5,800

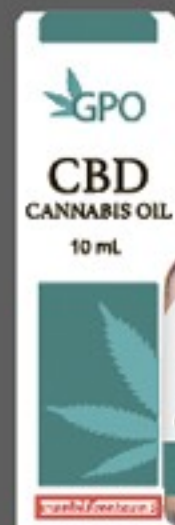
SUBLINGUAL ABSORPTION



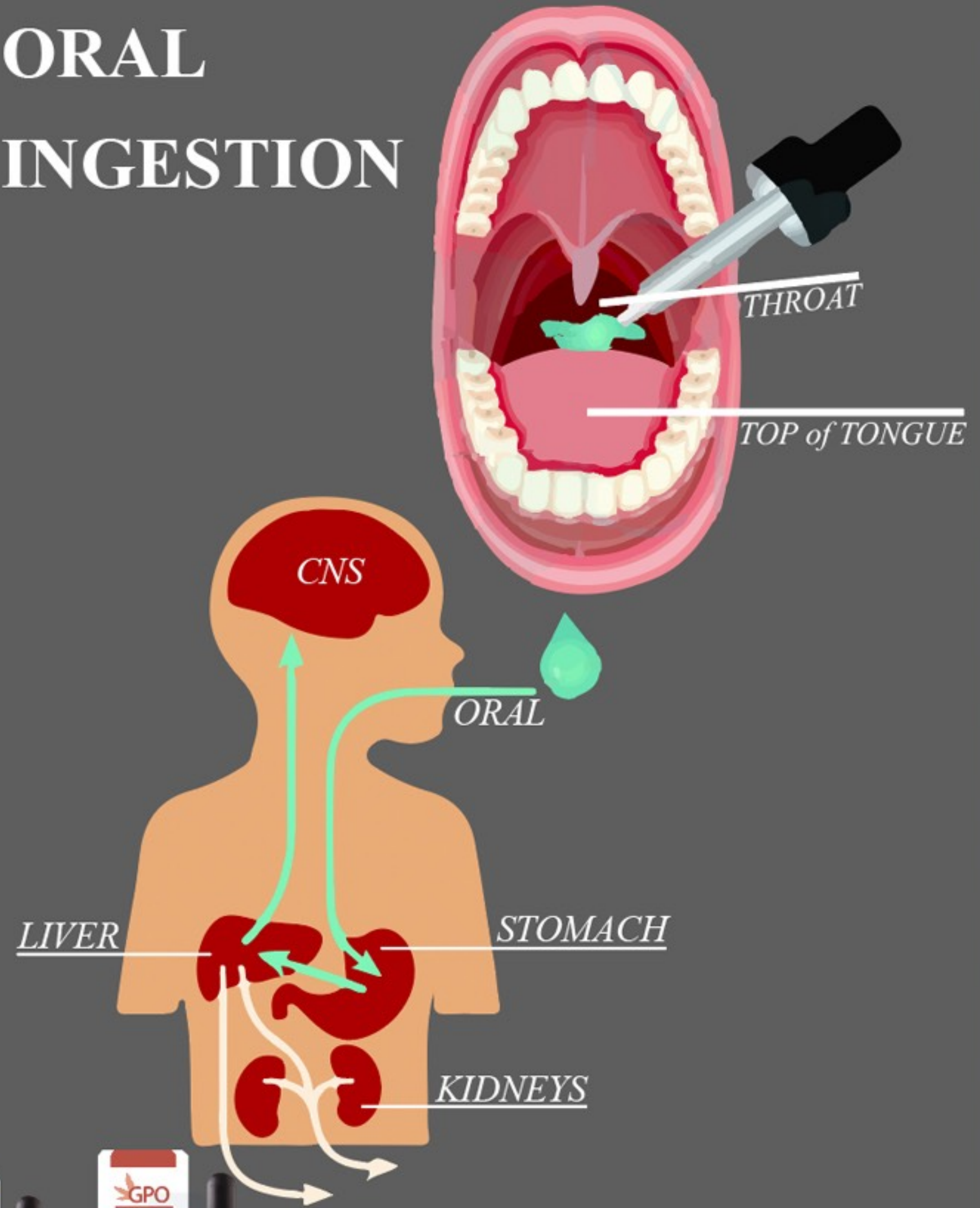
ISOLATE CANNABIS OIL

>80% ABSORPTION RATE

RESULTS LAST 6-8 HOURS



ORAL INGESTION



ISOLATE CANNABIS OIL

<20% ABSORPTION RATE

RESULTS LAST 30 min - 1 hr

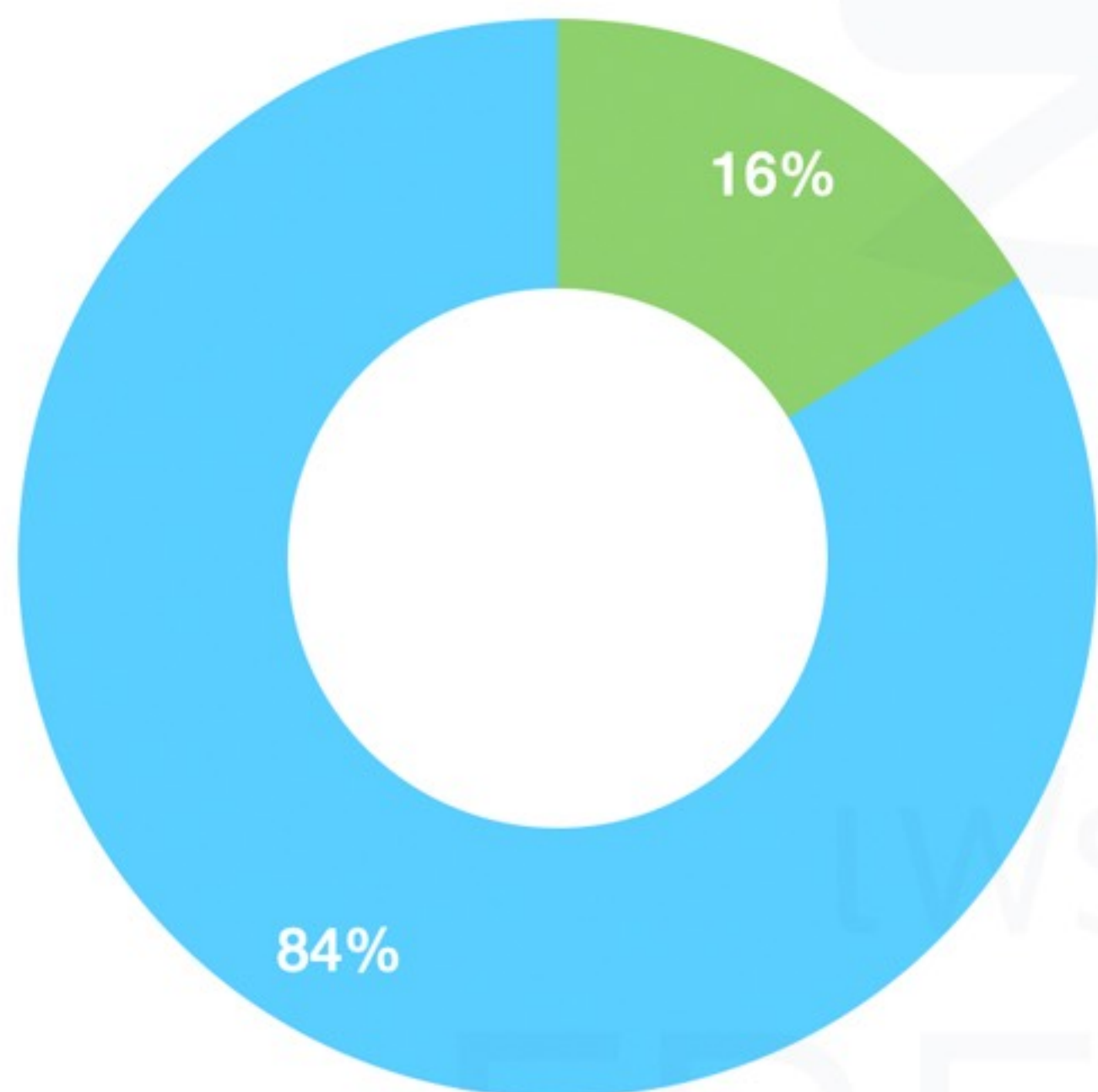
PATIENT MANAGEMENT STATISTICS & EFFICACY



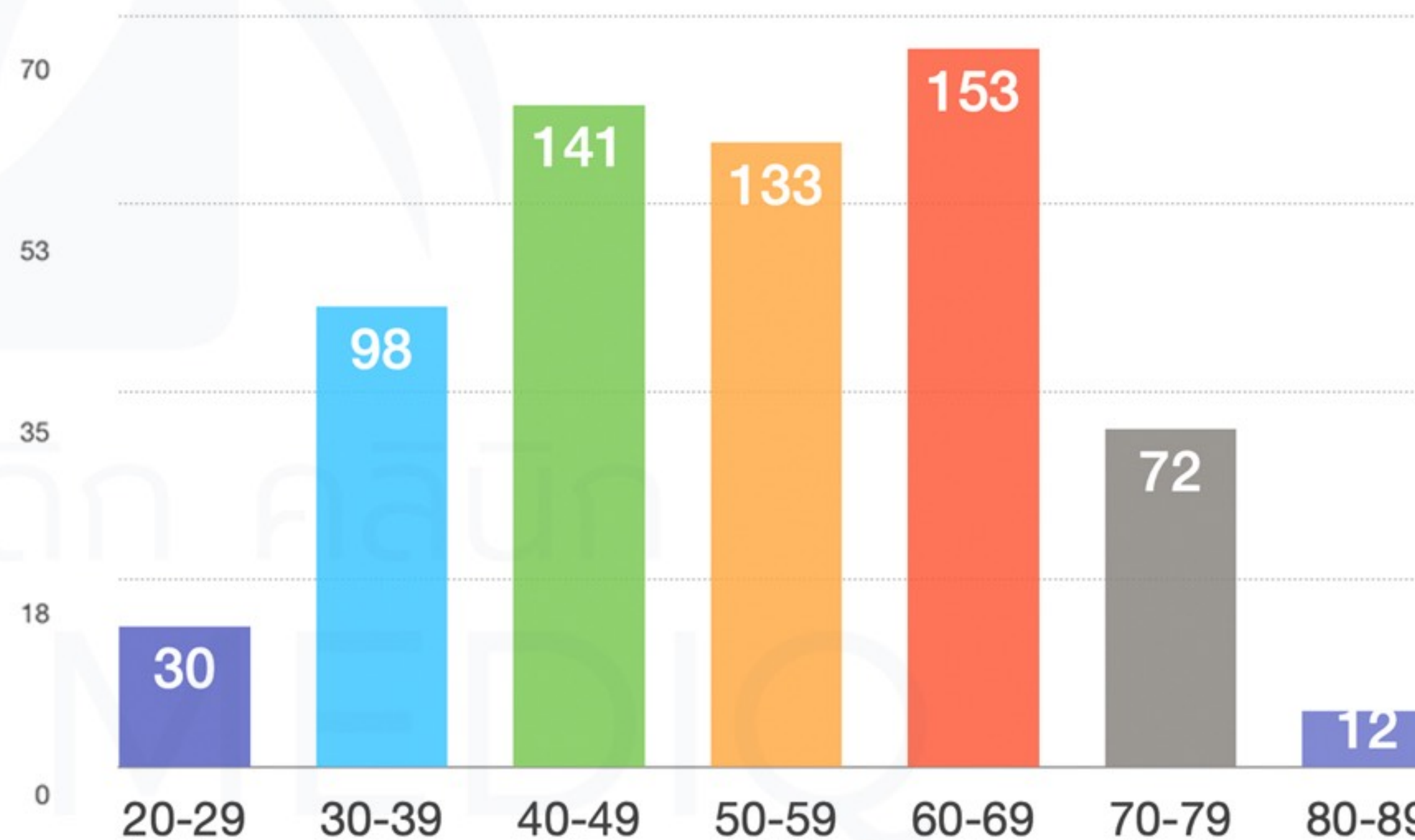
MEDICAL CANNABIS DATA

GENDER	NO. PATIENTS
Male	535
Female	104
Total Patients	639

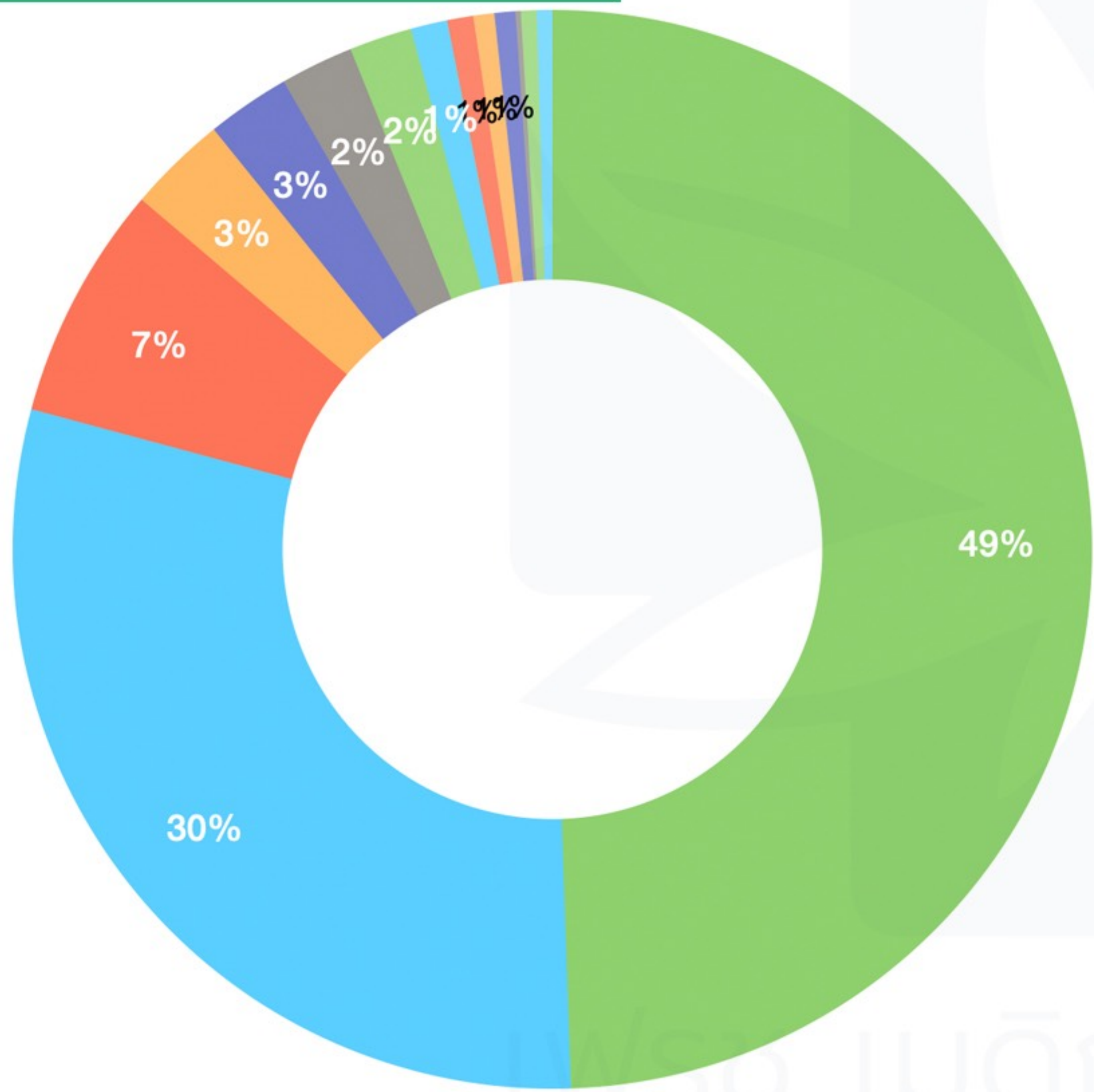
AGE GROUP	NO. PATIENTS
20-29	30
30-39	98
40-49	141
50-59	133
60-69	153
70-79	72
80-89	12
Total Patients	639



● MALE ● FEMALE



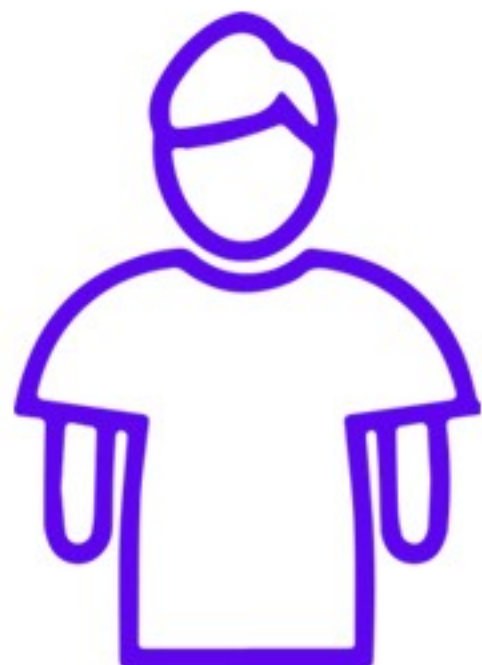
MEDICAL CANNABIS DATA



- Chronic Pain
- Insomnia
- Cancer
- Depression
- PTSD
- Anxiety
- Parkinson's Disease
- Hypertension
- Psoriasis
- Multiple Sclerosis
- Myalgia
- Tourette syndrome
- Stroke
- Glaucoma

DISEASE	NO. PATIENTS
Chronic Pain	316
Insomnia	190
Cancer	45
Depression	19
PTSD	16
Anxiety	14
Parkinson's Disease	12
Hypertension	7
Psoriasis	5
Multiple Sclerosis	4
Myalgia	4
Tourette syndrome	1
Stroke	3
Glaucoma	3
Total Patients	639

MEDICAL CANNABIS DATA



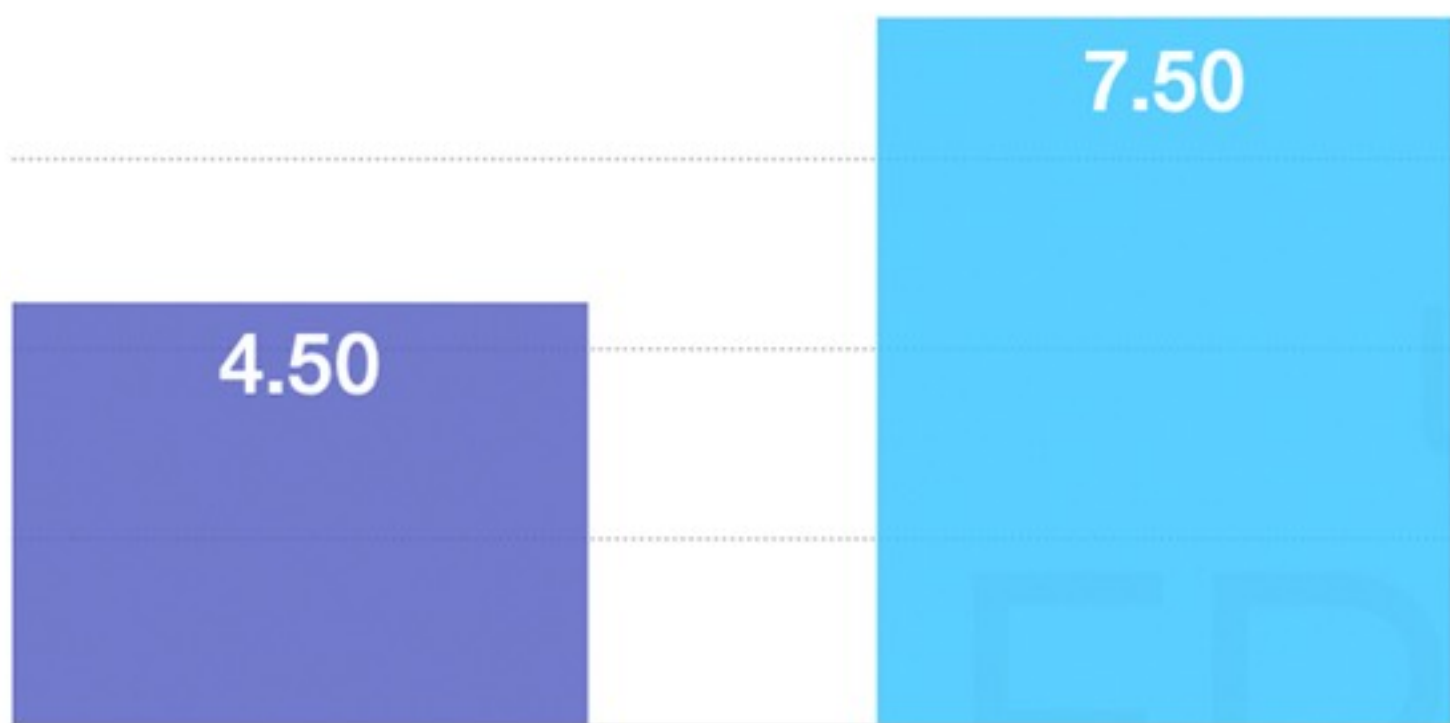
INSOMNIA	CASE #1
Nationality	Estonian
Gender	Male
Age	32
Sleep Hours BEFORE	4.50
Sleep Hours AFTER	7.50
Prescription	THC:CBD 5mL
Dosage	5mg THC:CBD



INSOMNIA	CASE #2
Nationality	Brazil
Gender	Male
Age	34
Sleep Hours BEFORE	2.50
Sleep Hours AFTER	6.50
Prescription	THC:CBD 5mL
Dosage	5mg THC:CBD



INSOMNIA	CASE #3
Nationality	British
Gender	Male
Age	75
Sleep Hours BEFORE	4.50
Sleep Hours AFTER	6.50
Prescription	THC:CBD 5mL CBD 10mL
Dosage	4mg THC 20mg CBD



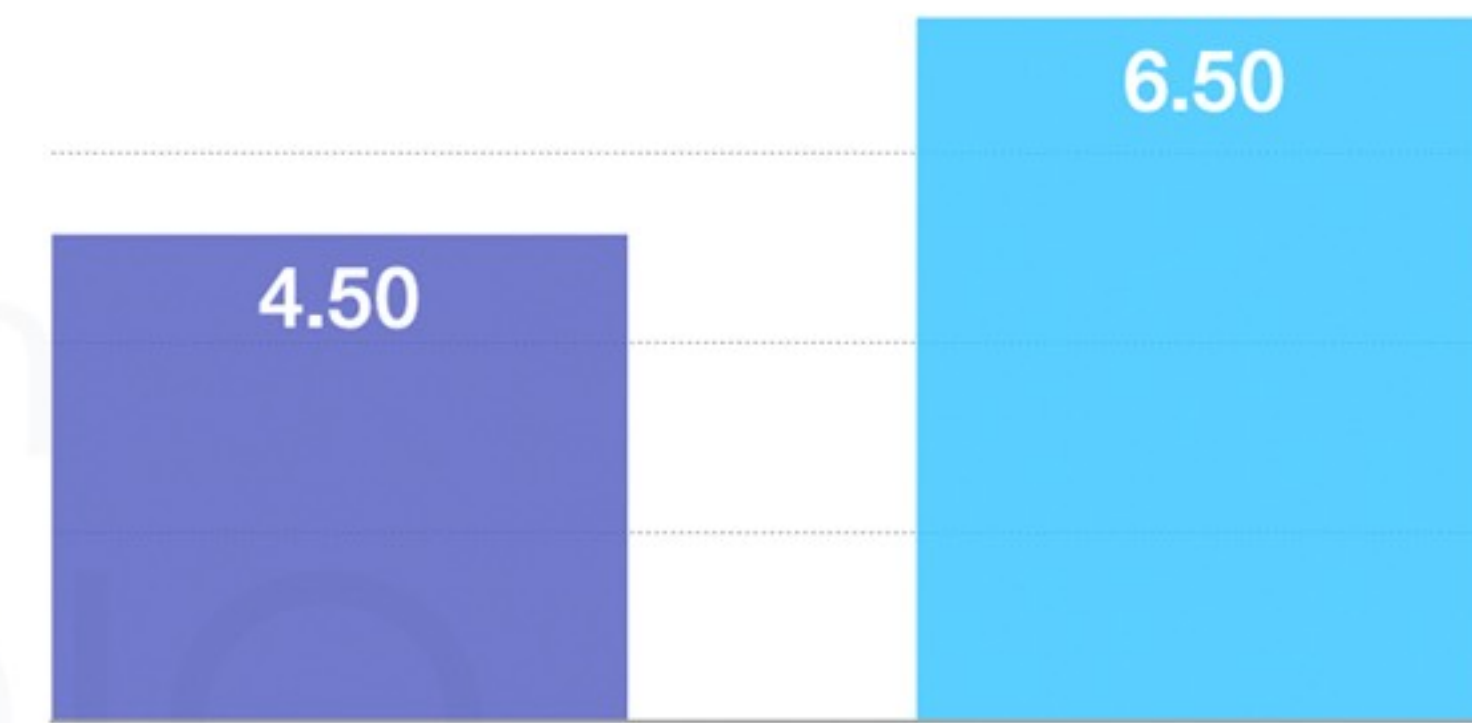
Sleep Hours BEFORE

Sleep Hours AFTER



Sleep Hours BEFORE

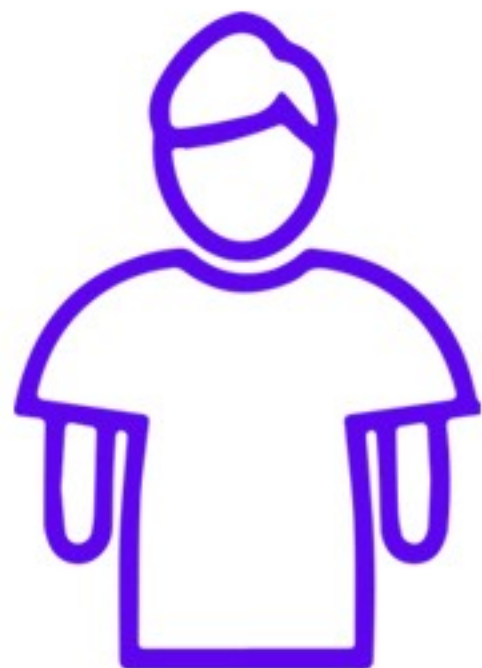
Sleep Hours AFTER



Sleep Hours BEFORE

Sleep Hours AFTER

MEDICAL CANNABIS DATA



CHRONIC PAIN	CASE #1
Nationality	Canadian
Gender	Male
Age	70
Diagnosis	Cervical Neuropathy
Pain Score BEFORE	7.50
Pain Score AFTER	7.50
Prescription	THC 10mL
Dosage	40mg THC

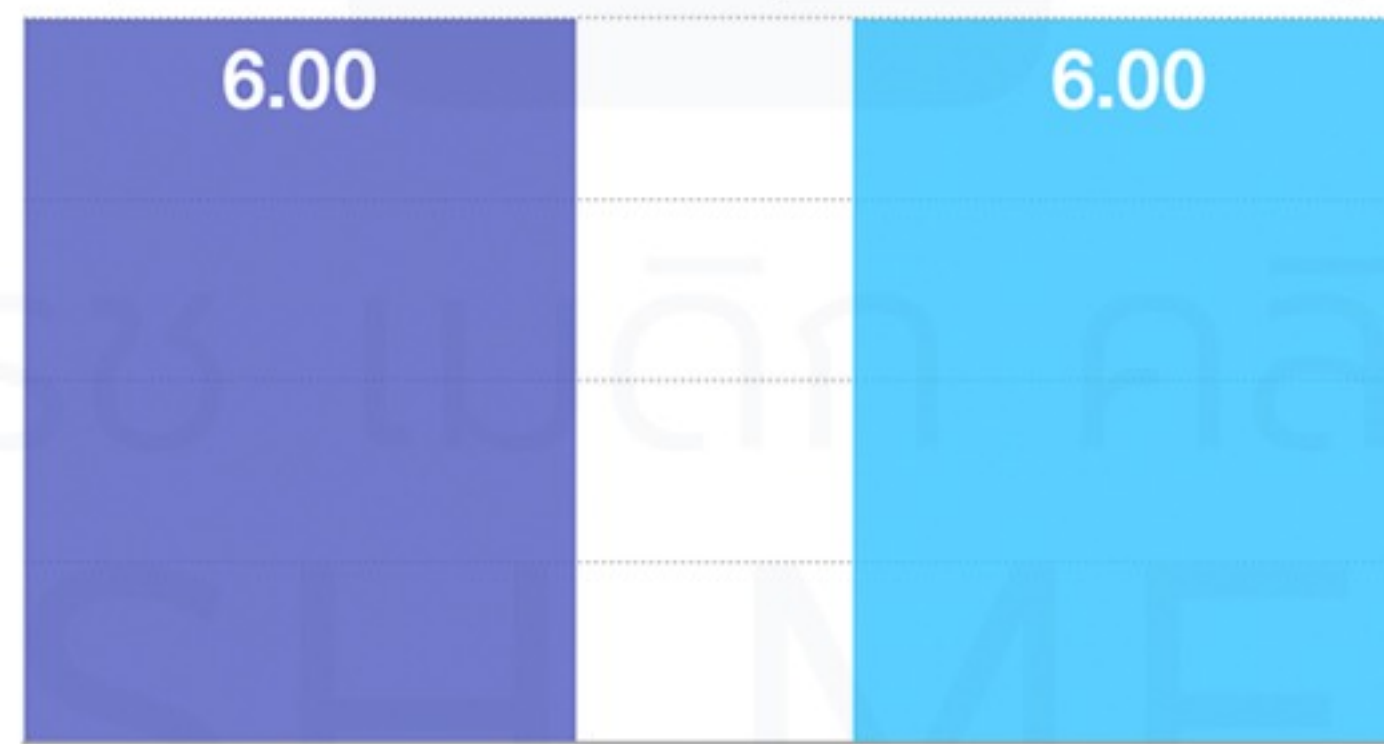


Pain Score BEFORE

Pain Score AFTER



CHRONIC PAIN	CASE #2
Nationality	American
Gender	Male
Age	67
Diagnosis	Scoliosis, Arthritis
Pain Score BEFORE	6.00
Pain Score AFTER	6.00
Prescription	THC 10mL
Dosage	40mg THC



Pain Score BEFORE

Pain Score AFTER



CHRONIC PAIN	CASE #3
Nationality	Indian
Gender	Male
Age	41
Diagnosis	Herniated Disc
Pain Score BEFORE	10.00
Pain Score AFTER	10.00
Prescription	THC 10mL
Dosage	32mg THC

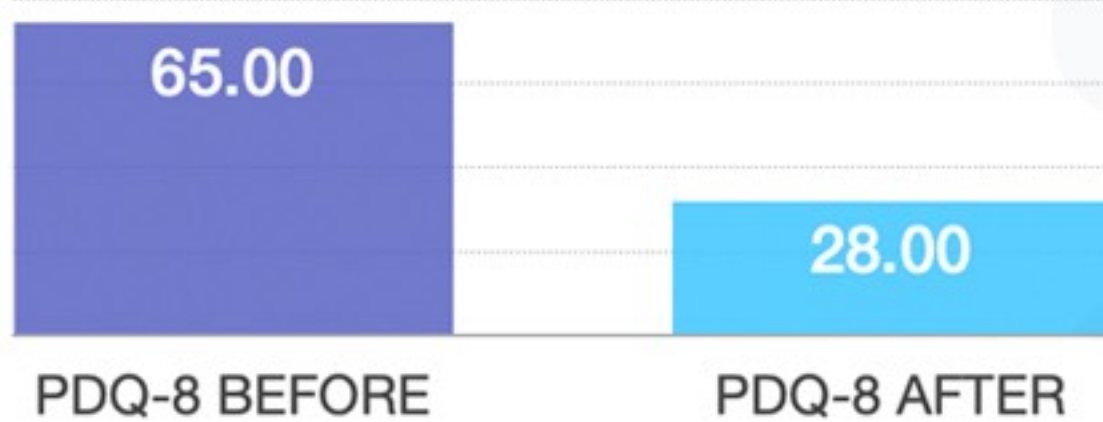


Pain Score BEFORE

Pain Score AFTER

MEDICAL CANNABIS DATA

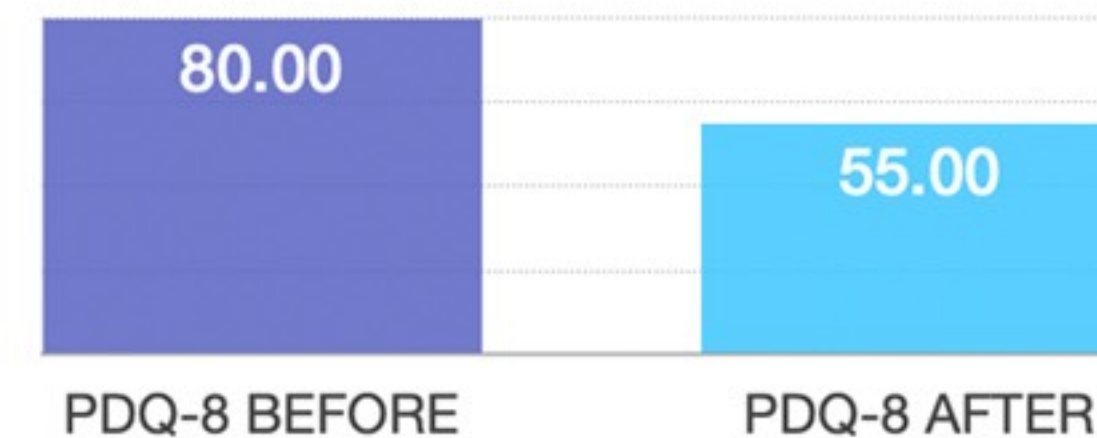
PARKINSON'S DISEASE	CASE #1
Nationality	Italian
Gender	Male
Age	83
PDQ-8 BEFORE	65.00
PDQ-8 AFTER	28.00
Onset of Action Minutes	17.00
Duration of Action Minutes	210.00
Prescription	THC 10mL
Dosage	5mg THC



PARKINSON'S DISEASE	CASE #2
Nationality	Canadian
Gender	Male
Age	63
PDQ-8 BEFORE	48.00
PDQ-8 AFTER	14.00
Onset of Action Minutes	15.00
Duration of Action Minutes	90.00
Prescription	THC 10mL
Dosage	15mg THC



PARKINSON'S DISEASE	CASE #3
Nationality	American
Gender	Male
Age	67
PDQ-8 BEFORE	80.00
PDQ-8 AFTER	55.00
Onset of Action Minutes	20.00
Duration of Action Minutes	150.00
Prescription	THC 10mL
Dosage	20mg THC



THC FORTE Letter

Dr. Nuttamon Le Men MD



GPO
THC
CANNABIS OIL
5 mL

GPO
THC
CANNABIS OIL
5 mL

นายแพทย์สาธารณสุขจังหวัด
นายแพทย์สาธารณสุขจังหวัด
นายแพทย์สาธารณสุขจังหวัด





MEDICAL CERTIFICATE

FRESH MEDIQ
Class Registration Number: 2010/00064
Thai 092 471 9159 Eng 092 971 5159
489/2 View Talay Condominium 4
Moo 12 Junction Soi 5 Nongprue
Banglamung Chonburi 20150

Date: _____
HN: _____

PART 1 PATIENT
I, Mr./Mrs/Miss _____
Residing at Address: _____
Passport Number: _____ would like to request a Medical Cannabis Certificate.

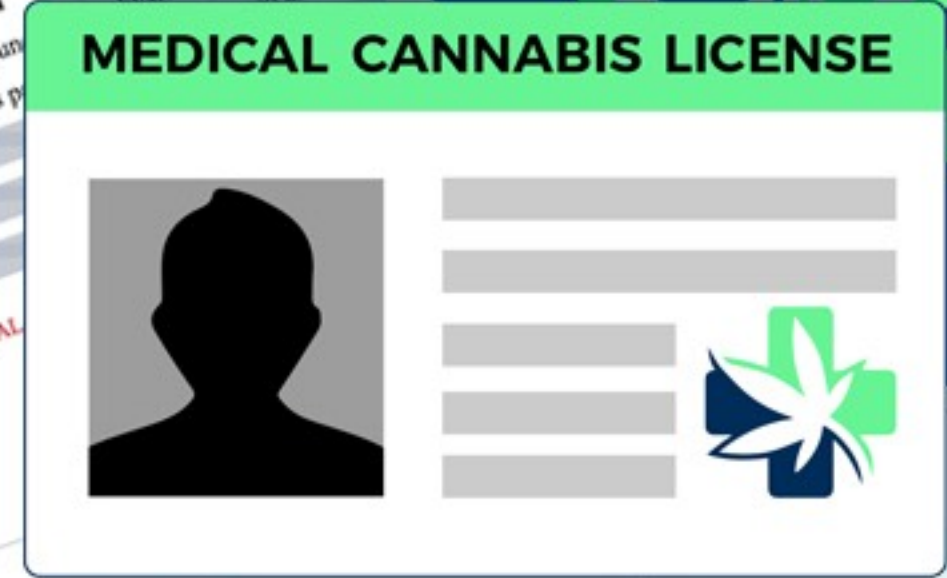
1. I do not have a history of allergy to cannabis and cannabis plants.
2. I am not under 20 years of age.
3. I am not a pregnant woman.
4. I am not a breastfeeding woman.

Signature: _____
If the patient is a child who cannot certify his/own health, the parent must sign on behalf of the child.

PART 2 PHYSICIAN
Place of Examination: FRESH MEDIQ on Date _____ Month _____ Year _____
I, Dr. Nuttamon Le Men M.D., Medical License No. 33138 / Medical Cannabis License No. _____ on the Date _____
practicing at FRESH MEDIQ 489/2 View Talay Condominium 4 Moo 12 Junction Soi 5 Nongprue Chonburi 20150, examined _____
Details are as follows: Height _____ cm Weight _____ kg
General Health Condition: _____ Normal _____ Abnormal (please specify) _____
I certify that this person has used medicinal marijuana. This person is not a patient of mine and present symptoms are not related to the use of medicinal marijuana.

CANNABIS CENTER SEAL

LEGAL



ใบรับรองแพทย์

FRESH MEDIQ

วันที่: _____
HN: _____

ส่วนที่ 1 สำหรับผู้ป่วย
ข้าพเจ้า นาย/นาง/นางสาว _____
สถานที่อยู่ (ที่สามารถติดต่อได้) _____
บัตรประจำตัวประชาชน: _____
1. ข้าพเจ้าไม่มีประวัติแพ้กัญชาหรือพืชในตระกูลกัญชา
2. ข้าพเจ้ามีอายุมากกว่า 20 ปีบริบูรณ์
3. ข้าพเจ้าไม่ได้อยู่ในช่วงของการตั้งครรภ์
4. ข้าพเจ้าไม่ได้อยู่ในช่วงของการให้นมบุตร

ลงชื่อ _____

ส่วนที่ 2 สำหรับแพทย์
ในกรณีเด็กที่ไม่สามารถรับรองตนเองได้ ให้ผู้ปกครองลงนามรับรองแทนได้

สถานที่ตรวจ: เฟรช เมดิค คลินิก วันที่: _____ เดือน _____ พ.ศ. _____
ข้าพเจ้า นัทธมน ลิ เม่น ใบอนุญาตประกอบวิชาชีพเวชกรรมเลขที่ 33138 ใบอนุญาตกัญชาทางการแพทย์
เลขที่ _____ มีอายุถึง _____
ข้าพเจ้าได้ตรวจ _____
รายละเอียด: ส่วนสูง _____ ซม.
สุขภาพทั่วไป: _____ ปกติ _____ ผิดปกติ (โปรดระบุ) _____
ข้าพเจ้าขอรับรองว่าบุคคลนี้ได้รับอนุญาตให้ใช้กัญชาทางการแพทย์

ข้าพเจ้าขอรับรองว่าบุคคลนี้ได้รับอนุญาตให้ใช้กัญชาทางการแพทย์

แพทย์ นัทธมน ลิ เม่น M.D.
โรงพยาบาล _____



Blueberry



20% THC

INDICA INDICA INDICA



FRESH EDIBLE
HYBRID HONEY 50mg THC

BRID HYBRID HYBR



FRESH EDIBLE
INDICA HONEY 20mg THC

INDICA INDICA INDICA

MAC 1



22% THC

BRID HYBRID HYBR

Cereal Milk



24% THC

SATIVA SATIVA SATIVA



เฟรช เมดิค คลินิก
FRESH MEDIQ

MEDICAL
CANNABIS

เฟรช เมดิค คลินิก
FRESH MEDIQ

REGENERATE
AGING &
OPERATIVE
LINE CLINIC

Bangkok
DIQ Clinic

คุณซ์ความงาม
BEAUTY & AESTHETICS

เฟรช เมดิค คลินิก
FRESH MEDIQ

FREE
VITAMIN
DRIP

Thappraya
Jomtien 2
Soi 5
Pattaya Immigration

expats

FREE
BABY FACE
STEM CELL

Thappraya
Jomtien 2
Soi 5
Pattaya Immigration

EXCLUSIVELY FOR THE PATTAYA EXPATS CLUB

FREE IV VITAMIN DRIP

oucher

FRESH MEDIQ
REGENERATE

FREE BABY FACE

Gift Voucher

FRESH MEDIQ
REJUVENATE

BUY 1
GET 1
FREE

Primo Full Spectrum Cannabis Oils
EXCLUSIVELY FOR THE PATTAYA EXPATS CLUB

Thappraya
Jomtien 2
Soi 5
Pattaya Immigration

expats

BUY 1 GET 1 FREE

Gift Voucher

FRESH MEDIQ
RELAX

☎ 092 971 5159
📍 @FRESHMEDIQ
📍 Jomtien Soi 5 x Jomtien 2nd Road

เฟรช เมดิค คลินิกเวชกรรม

FRESH MEDIQ

FACIAL DESIGN HAIR REMOVAL BLOOD TEST HORMONE THERAPY
WEIGHT LOSS DERMAL FILLER IV VITAMIN DRIP PRP INJECTION

เฟรช เมดิค คลินิกเวชกรรม
ใบอนุญาตเลขที่ 20101008064



จันทร์ - เสาร์
10:00 - 19:00
โทร 092 471 9159

Mon - Sat
10:00am - 7:00pm
Tel 092 971 5159

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