



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

## Medical Cannabis Dispensary Selection

Complete the following information and email to [DPH.ChangeDispensary@Illinois.gov](mailto:DPH.ChangeDispensary@Illinois.gov), fax to 217-782-1321, or mail to:

Illinois Department of Public Health  
Division of Medical Cannabis  
535 W. Jefferson Street; MC-002  
Springfield, IL 62761-0001

Select One:

- This is the first time I am selecting a medical cannabis dispensary
  
- I am requesting a change in my medical cannabis dispensary

Name	
Date of Birth	
Patient Registry Identification Number	QP.
EMAIL	
Phone Number	
Address	
City	
Name and Address of Dispensary	
Dispensary District	

**The Medical Cannabis Program will confirm your dispensary selection once it is processed.** You do not need to select a medical cannabis dispensary at this time. However, you must select a dispensary in order to purchase medical cannabis. The list of dispensaries currently licensed with the state of Illinois can be viewed at <http://www.idfpr.com/Forms/MC/ListofLicensedDispensaries.pdf>