



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	Phoenix Botanical 1704 S. Neil St. #C Champaign, IL. 61820
Dispensary District	10

**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>

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