

ALEXIS 
BORTELL

05 March 2017

Ladies and Gentlemen of the Committee

My name is Alexis Bortell. I am an 11 year-old medical cannabis refugee and my family was 'adopted' by Colorado after Texas Legislators turned their back on me two years ago. Thanks to the medical cannabis I am able to get here in Colorado I am now over 700 days seizure free.

I lost everything when we moved to Colorado including my home, my family, my church, my teachers, and my friends. There are many cannabis refugees in Colorado just like me. I am not here to talk about me though. I am here to protect my dad and all of my cannabis refugee friends.

My parents are both military veterans. My dad is a disabled vet. He had a brain injury and was exposed to radiation in the military. He gets very sick and like me he is a cannabis patient. Sometimes when he is sick I cry. Cannabis helps him eat. It also stops his headaches so he can go outside with me and go to events like our daddy daughter dance we went to last week. It was our first ever dance because of my seizures. Without cannabis we couldn't have gone because I would probably be in heaven.

One of the many problems with 1220 & 1221 is that dad and I both need more than 12 plants to maintain our health. Our doctors say we do and they are good doctors. I ask that you keep this important decision in the hands of doctors who know what their patients need. What if the government told you that you could no longer have the amount of medicine you need to stay alive? We fled a terrible war on patients in Texas and just want to help our neighbors here in Colorado and be left alone. Cannabis helps us do that.

To me, this bill isn't about plant counts at all. This is really about who gets to grow their own medicine and live and who can't and might die. My question to you is this: "Who from my family should die? Me or my dad?"

Thank you and God bless.

Alexis Bortell

Alexis Bortell



COLORADO

Medical Marijuana Registry

Department of Public Health & Environment



Physician Certification

STAFF ONLY

Evaluated

Patient Information

1. Last Name BORTELL	2. First Name ALEXIS	3. Date of Birth 09-25-2005
4. Date of physical examination 08-09-2016	5. Is this patient homebound? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

6a. The above-named patient has been diagnosed with and is currently undergoing treatment for the following chronic, debilitating medical condition or has a chronic, debilitating disease or medical condition that produces one or more of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> HIV or AIDS positive |
| <input type="checkbox"/> Cachexia | <input type="checkbox"/> Severe nausea | <input type="checkbox"/> Severe pain |
| <input type="checkbox"/> Persistent muscle spasms | <input checked="" type="checkbox"/> Seizures | |

6b. Etiology:

epilepsy

or Etiology unknown

7a. Indicate physician recommended plant count:

- Standard amount 6 plants/2 ounces
 Increased amount: **24** plants/ **8** ounces

7b. Reason for increased plant count (Required):

topicals 2x daily
injection IV daily
juicing daily

Physician Information

8. License Number DR - 13405	9. Last Name COHEN	10. First Name RICHARD	
11a. Physician Mailing Address 276 GALAPAGO STREET			11b. Bldg/Ste #
12. City DENVER		State CO	13. Zip Code 80223
14. Telephone 303-892-6436	15. Fax 303-648-5791	16. Email INFO@COHENMEDICALCENTERS.COM	

Physician Attestation

I hereby certify that I am a physician duly licensed in good standing to practice medicine in Colorado. I have a bona fide physician-patient relationship with the above-named patient in compliance with state statutes, including the Medical Practice Act CRS Title 12 Article 36. I have assessed this patient's medical history and current medical condition. I conclude that this patient may benefit from the medical use of marijuana. I do not have a financial interest related to a medical marijuana center. This assessment is not a prescription for the use of marijuana.

17. Physician's Signature

TRIAL DOCUMENTATION WITH THE TRIKE (*)



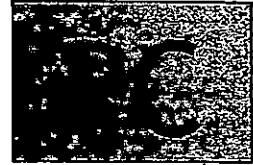
COLORADO

Medical Marijuana Registry

Department of Public Health & Environment

His problems - pt needs High concentrations of CANNABINOIDS -

He grows HIS PLANTS organically Physician Certification AND MAKES OWN TINCTURE AND OILS!



STAFF ONLY

Evaluated

1. Social Security Number 446 94 6787	2. Last Name BORTELL	3. First Name DEAN M.
4. Date of Birth 08/04/1975	4. Date of Physical Exam 12/9/2016	5. Is this patient homebound? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6a. The above-named patient has been diagnosed with and is currently undergoing treatment for the following chronic, debilitating medical condition or has a chronic, debilitating disease or medical condition that produces one or more of the following: **CHRONIC NAUSEA RADIATION/CHEMICAL POISONING MIGRAINES/TBI**

- Cancer **Undiagnosed** Cachexia Persistent Muscle Spasms
- Glaucoma **masses removed** Severe nausea Severe pain
- HIV or AIDS positive Seizures

6b. Etiology: **Continuously from GAJILLA (RADIATION INJURY POINT) 41 y/o man, on disability US NAVY Vet - TB 1999 - while in BOSNIA SHARPEL HIT HIS HEAD -> TBI -> intractable migraine**

7a. Indicate physician recommended plant count: Standard amount 6 plants/2 ounces **Already failed all migraine meds / max dose of MARINAL**
 Increased amount: **24** plants/ **8** ounces

7b. Reason for increased plant count (Required): **EXPOSURE TO HUGE AMOUNTS OF RADIATION EXPOSURE + TRIKE (C) WHILE WORKING**

8. License Number DR - 27848	9. Last Name SCHMIDT	10. First Name JANET
11a. Physician Mailing Address 6250 E. Yale Ave.		11b. Bldg/Ste #
12. City DENVER	State CO	13. Zip Code 80222
14. Telephone 303-237-1223	15. Fax 303-265-9427	16. Email DOCTOR@HerbalHealthSystems.com

Physician Attestation **ON NAVY AADM SYSTEMS JACKSONVILLE FLORIDA 1998**

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Physician's Signature **[Signature]** **PAIN CONTROL PLAN HAS COMPLETED**

inquire system. His neurologist says we have tried a variety of therapies + found many ineffective or detrimental. I have suggested the use of cannabis. He has tried these and these are considered to be part

Neuro-mix described HTH000011



Department Of Veterans Affairs
 110 8th Avenue South
 Nashville, TN 37203

March 15, 2016

DEAN M BORTELL
 [REDACTED]
 [REDACTED]
 [REDACTED]

In Reply Refer To: 320/NCC/JLP
 CSS [REDACTED]
 Bortell D M

To Whom it May Concern:

The official records of the Department of Veterans Affairs verify that Dean M Bortell was rated 100% permanent and totally disabled effective 01/26/2016.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department Of Veteran Affairs Evidence Intake Center PO BOX 4444 Janesville, WI 53547-4444 Toll Free FAX: 1-844-822-5246 Local FAX: 608-373-6690

With sincere regard for the Veteran's service,

RO Director
 VA Regional Office

To email us visit <https://iris.va.gov>



Student Progress Report

STUDENT: BORTELL, ALEXIS

Teacher: Mona Quintana
Grade: 5
Class: 5B



Time Period: 08/15/16 – 05/26/17

TEST DATE	TEST	LEXILE®	GRADE LEVEL	PERFORMANCE STANDARD	PERCENTILE RANK	NORMATIVE DATA	
						NCE	STANINE
08/31/16	SRI Computer Test	1159	Above	Advanced	95	85	8
02/08/17	SRI Computer Test	1252	Above	Advanced	99	99	9

BR = Beginning Reader

YEAR-END PROFICIENCY LEXILE® RANGES

GRADE 1	GRADE 2	GRADE 3	GRADE 4	GRADE 5	GRADE 6	GRADE 7	GRADE 8	GRADE 9	GRADE 10	GRADE 11	GRADE 12
100-400	300-600	500-820	600-900	700-1000	800-1050	950-1100	900-1150	1000-1200	1025-1250	1050-1300	1050-1500

Using This Report

Purpose: This report shows a student's results on all SRI tests, including results of SRI print if added to the student's records

Follow-Up: Share the information with individual students, noting changes in performance from test to test. Investigate any significant decline in progress.