

VIENNA DRUG CENTER, INC. 150 MAPLE AVENUE WEST VIENNA, VIRGINIA 22180 Phone 703-938-7111 Fax 703-938-5242 viennarexall.com

CBD Intake Form

Patient First Name	Last Na	ame		
Email Address	Telephone Number	(Cell) or (Home)		
Gender \bigcirc Male \bigcirc Female	Date of Birth/_	/		
Drug Allergies				
Please indicate "Yes" or "No" for th	e following questions		Yes	No
Have you had a heart attack, stroke, or any other heart condition?		on?	\bigcirc	\bigcirc
Do you take blood thinners like warfarin (Coumadin)?			\bigcirc	\bigcirc
Are you currently receiving chemotherapy?			\bigcirc	\bigcirc
Have you tried CBD oil before? Please bring bottle if possible.			\bigcirc	\bigcirc
If Yes, What strain/strength?		Where were you buyi	ing it?	
How were you taking it?	What	were your results?		
Did you have any side effec	ts?			
Vienna Drug Center does not guara inform my physician that I am using CB effects. I understand that this screenin	D products. I agree to stop usi	ng any CBD products if I	experience	any side
Signature (Patient or Parent/Guard	ian)		 Date	



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	t product and size	
	her products recommended:	
se dropperfu	l once to twice daily as needed. Tap	per as needed for symptoms.
Product	CBD strength	Price
Level		
	Lower doses usually used for se	
	Higher doses usually used for pair	
CBD 300 Oil	10mg/mL	\$50.00
CBD 600 Oil	20mg/mL	\$90.00
CBD 2000	40mg/ml	\$230.00
CBD #30 ct	15mg	\$65.00
CBD #60 ct	15mg	\$120.00
500 Roll-On	500mg/30ml	\$60.00
Salve THC Free Oil	125mg	\$25.00
THC Free UII	20mg/ml	\$90.00
Bliss	15mg 250mg/60ml	\$59.00 \$60.00
Pet Oil	10mg/ml	\$60.00
CCOII	106/	700.00
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Date	Notes	· · · · · · · · · · · · · · · · · · ·
Date	Notes)