

Dispensary Intake Form

(To be completed by and signed by the **primary PRD**.)

Note: This form must be used to document the intake of usable marijuana, marijuana seeds and immature plants, cannabinoid concentrate, extract, edible, transdermal patch or suppository, in accordance with OAR 333-008-1230(4)(a).

Received by — Registered Dispensary information

Name of dispensary:	Phone number:
MMD number:	MMD expiration date:

Received from — Processing site, patient, caregiver or grower information

Name:	Phone number:
MMPS number (if applicable):	

Itemized Intake List

Notes:

1. Product types include: usable marijuana, marijuana seeds, immature plants, concentrate, extract, edible, transdermal patch or suppository.
2. Weight of usable marijuana (flower) must be recorded in metric units.
3. Seeds and immature plants must be recorded as a quantity.
4. Grower sets harvest lot number; processor sets process lot number.

Product name	Product type	Weight (metric units)	Quantity	Harvest lot number	Process lot number	Date received	Amount paid
<i>Chocolate Delite brownie</i>	<i>edible</i>	<i>100 grams/each</i>	<i>12</i>	<i>56789</i>	<i>8557412</i>	<i>12/15/16</i>	<i>\$145.00</i>
<i>Chocolate Delite brownie</i>	<i>edible</i>	<i>50 grams/each</i>	<i>5</i>	<i>479B</i>	<i>8675309</i>	<i>12/15/16</i>	<i>\$85.00</i>

Product name	Product type	Weight (metric units)	Quantity	Harvest lot number	Process lot number	Date received	Amount paid

Note: The dispensary taking in the transfer must keep the original copy of this form on file, as per OAR 333-008-1230(4). Other parties should also keep a copy for their records.