

CHAGA STUDY

Name: _____ Address: _____

E-Mail: _____ Phone: _____

Date of birth: _____ Occupation: _____

Medical History: _____

Signature _____ Date _____

Date: _____ Chaga Usage: _____

Comments: _____

Date: _____ Chaga Usage: _____

Comments: _____

Date: _____ Chaga Usage: _____

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Date: _____ Chaga Usage: _____

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Date: _____ Chaga Usage: _____

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