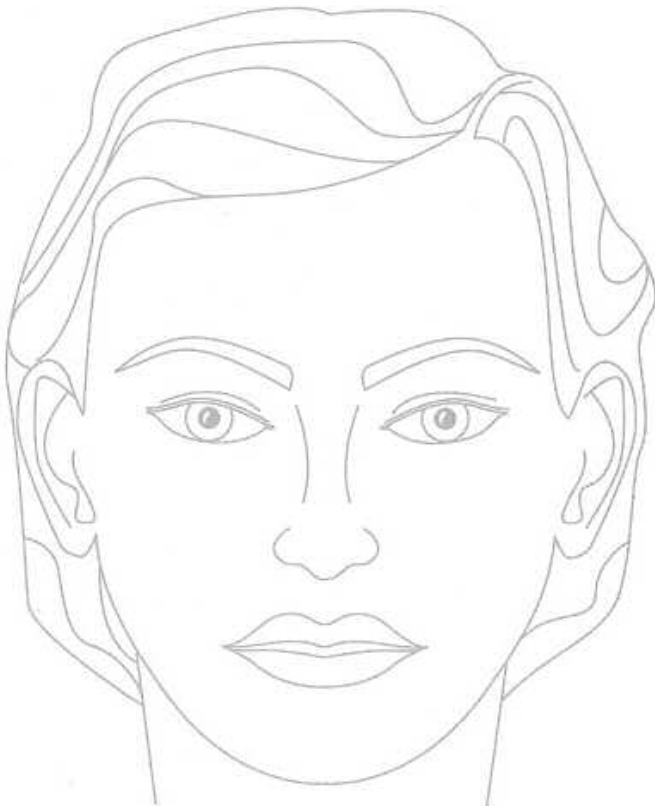


Patient Treatment Record

Patient Name _____

Remarks _____

Please draw the injected areas. Use different color pens per treatment.



LOT NO.	STICKER	DATE	mL
<input type="text"/>		<input type="text"/>	<input type="text"/>
		INJECTION SITES	
		<input type="text"/>	
		TREATING PHYSICIAN	
		<input type="text"/>	

LOT NO.	STICKER	DATE	mL
<input type="text"/>		<input type="text"/>	<input type="text"/>
		INJECTION SITES	
		<input type="text"/>	
		TREATING PHYSICIAN	
		<input type="text"/>	

LOT NO.	STICKER	DATE	mL
<input type="text"/>		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	
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		<input type="text"/>	

LOT NO.	STICKER	DATE	mL
<input type="text"/>		<input type="text"/>	<input type="text"/>
		INJECTION SITES	
		<input type="text"/>	
		TREATING PHYSICIAN	
		<input type="text"/>	

LOT NO.	STICKER	DATE	mL
<input type="text"/>		<input type="text"/>	<input type="text"/>
		INJECTION SITES	
		<input type="text"/>	
		TREATING PHYSICIAN	
		<input type="text"/>	