



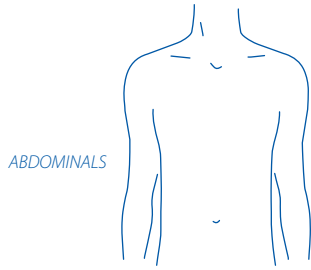
SPECIALTY INFUSION

SUBCUTANEOUS INFUSION LOG

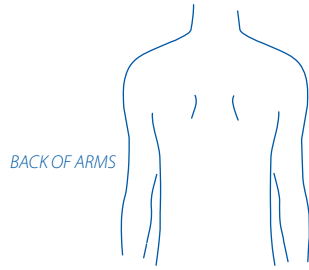
Torrance, CA toll free 866.202.9552 toll free fax 866.794.4844

krogerspecialtyinfusion.com

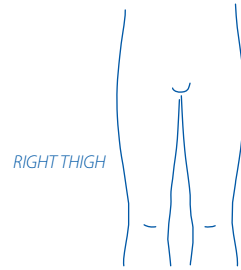
FOR: _____



ABDOMINALS



BACK OF ARMS



RIGHT THIGH



LEFT THIGH

INFUSION RECORDS

Date: _____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Product Name: _____ Lot Number: _____ Expiration Date: _____

QUANTITY	SITE(S)	INFUSION RATES	HOURS OF INFUSION	ADVERSE REACTIONS	MY GENERAL HEALTH TODAY
					(On a scale of 1 - 10, 10 being the best)

Date: _____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Product Name: _____ Lot Number: _____ Expiration Date: _____

QUANTITY	SITE(S)	INFUSION RATES	HOURS OF INFUSION	ADVERSE REACTIONS	MY GENERAL HEALTH TODAY
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Date: _____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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QUANTITY	SITE(S)	INFUSION RATES	HOURS OF INFUSION	ADVERSE REACTIONS	MY GENERAL HEALTH TODAY
					(On a scale of 1 - 10, 10 being the best)

NOTES

Lab Results, Doctor Visits, and Other Important Information: _____

New Medications: _____

To learn more about how to use your infusion logs and to print more copies visit krogerspecialtyinfusion.com/logs.