Name of Drug: _____

Strength: _____ Bottle/Box #: _____ Size: _____

Type (Tablet/Injectable/Other): _____ DIN #: _____

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Date:	Client Name/Address	Patient Name:	Start Weight (g)	Amount Drawn (mL)	Hub (0.05ml per draw)	End Weight (g)	Volume Remaining (mL)	Verified By (2)	