VitB12 SHOT

Have You Had your Boost Lately?

CLIENT RECORD CARD

Technicians Name: _____

CLIENT NAME: _____

CONTACT NUMBER: _____

CLIENT ADDRESS: _____

_____

_____

_____

ALERGIES: _____

_____

MEDICATIONS: _____

_____

INDICATIONS FOR TREATENT: _____

_____

#	DATE	IM / SC	INJECTION SITE USED	BATCH NUMBER	DOSE	NOTES