




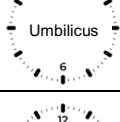






Pelosi Medical Center

SEMAGLUTIDE TREATMENT FLOWSHEET

Date	Dosage	Exp. Date	Lot #	Injection Site	Weight (lbs)	Notes
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _				
_ / _ / _		_ / _ / _		