Name of Drug: _____

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

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

Love Our Oceans Project

| Date: | Client Name/Address | Patient Name: | Start Weight (g) | Amount Drawn (mL) | +/- Hub Loss Volume | End Weight (g) | Volume Remaining (mL) | Verified By (2) | |
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