DOSLEY

Pen supply and refill log

Blank personal record

One block per pen or pack. Copy the medication and strength exactly as written on the box or prescription label, then tick a box each time you inject from that pen.

This sheet records what already happened. It does not set a dose, schedule or target.

Name or initials, optional _____ Period covered _____

Pen or pack label **Date of first use**

Medication and strength, copied from the box or prescription label

Injections from this pen: tick a box and write the date each time. The boxes are not a dose count.

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