

ATryn Pharmacy/Credit Log

Date	Vial Sent To	Vial Use Date	Used By (Individual name)	CHECK ONE	Amount Used
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%
				<input type="checkbox"/>	1 - 25%
				<input type="checkbox"/>	26 - 50%
	Lot# Exp:			<input type="checkbox"/>	51 - 75%
				<input type="checkbox"/>	76 - 100%



Pharmaceuticals
Your Unmatched Distribution Channel

Address	
Telephone	Fax
Responsible Party: Print Name	Title
Responsible Party: Signature	

Questions? Contact Esther at 858-566-6990 or esther@abopharmaceuticals.com

I certify that the above information is true and correct to the best of my knowledge.