

theradiol™

Cared. Balanced. Dependable.

month/day/year

Doctor dosage record

Complete the prescribed dose during the first week of treatment. If the dose needs to be adjusted at the end of the first week, note the revised doses in the subsequent boxes.

Patient dosage administration record

Follow the administration of the dose as directed by your doctor by checking the box with an X after each dose is administered. Record the date of the first administration (first day) in the box to the right.

WEEK 1	Morning dosage (AM)	<input type="text"/> ml	Day 1 AM	<input type="checkbox"/>	Day 2 AM	<input type="checkbox"/>	Day 3 AM	<input type="checkbox"/>	Day 4 AM	<input type="checkbox"/>	Day 5 AM	<input type="checkbox"/>	Day 6 AM	<input type="checkbox"/>	Day 7 AM	<input type="checkbox"/>
	Evening dosage (PM)	<input type="text"/> ml	Day 1 PM	<input type="checkbox"/>	Day 2 PM	<input type="checkbox"/>	Day 3 PM	<input type="checkbox"/>	Day 4 PM	<input type="checkbox"/>	Day 5 PM	<input type="checkbox"/>	Day 6 PM	<input type="checkbox"/>	Day 7 PM	<input type="checkbox"/>
WEEK 2	Morning dosage (AM)	<input type="text"/> ml	Day 8 AM	<input type="checkbox"/>	Day 9 AM	<input type="checkbox"/>	Day 10 AM	<input type="checkbox"/>	Day 11 AM	<input type="checkbox"/>	Day 12 AM	<input type="checkbox"/>	Day 13 AM	<input type="checkbox"/>	Day 14 AM	<input type="checkbox"/>
	Evening dosage (PM)	<input type="text"/> ml	Day 8 PM	<input type="checkbox"/>	Day 9 PM	<input type="checkbox"/>	Day 10 PM	<input type="checkbox"/>	Day 11 PM	<input type="checkbox"/>	Day 12 PM	<input type="checkbox"/>	Day 13 PM	<input type="checkbox"/>	Day 14 PM	<input type="checkbox"/>
WEEK 3	Morning dosage (AM)	<input type="text"/> ml	Day 15 AM	<input type="checkbox"/>	Day 16 AM	<input type="checkbox"/>	Day 17 AM	<input type="checkbox"/>	Day 18 AM	<input type="checkbox"/>	Day 19 AM	<input type="checkbox"/>	Day 20 AM	<input type="checkbox"/>	Day 21 AM	<input type="checkbox"/>
	Evening dosage (PM)	<input type="text"/> ml	Day 15 PM	<input type="checkbox"/>	Day 16 PM	<input type="checkbox"/>	Day 17 PM	<input type="checkbox"/>	Day 18 PM	<input type="checkbox"/>	Day 19 PM	<input type="checkbox"/>	Day 20 PM	<input type="checkbox"/>	Day 21 PM	<input type="checkbox"/>
WEEK 4	Morning dosage (AM)	<input type="text"/> ml	Day 22 AM	<input type="checkbox"/>	Day 23 AM	<input type="checkbox"/>	Day 24 AM	<input type="checkbox"/>	Day 25 AM	<input type="checkbox"/>	Day 26 AM	<input type="checkbox"/>	Day 27 AM	<input type="checkbox"/>	Day 28 AM	<input type="checkbox"/>
	Evening dosage (PM)	<input type="text"/> ml	Day 22 PM	<input type="checkbox"/>	Day 23 PM	<input type="checkbox"/>	Day 24 PM	<input type="checkbox"/>	Day 25 PM	<input type="checkbox"/>	Day 26 PM	<input type="checkbox"/>	Day 27 PM	<input type="checkbox"/>	Day 28 PM	<input type="checkbox"/>