

Weight TRACKER

CLIENT: _____

Payment: <input type="checkbox"/> Reoccurring - Every 4 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 3 Months Prepaid <input type="checkbox"/> Care Credit Note:	Injection: Sun Mon Tues Wed Thurs Fri Sat <input type="checkbox"/> Take Home <input type="checkbox"/> Pick up at office <input type="checkbox"/> Home Delivery (\$50 Fee) <input type="checkbox"/> Weekly
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STARTING WEIGHT



Start Date: _____

Units: _____

Lot#: _____

Exp: _____

Date: _____
 Paid
 Monthly
 Weekly: Cash CC



Units#: _____
 Lot#: _____
 Exp: _____

Side Effects:
 Nausea Constipation
 Dizziness Diarrhea
Note:

Date: _____
 Paid
 Weekly: Cash CC



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 Lot#: _____
 Exp: _____

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