**LIFEBRIDGE C. HOSPITAL** Northern Bypass Roysambu **COMPREHENSIVE MENTAL HEALTH / REHABILITATION** Nairobi Behind Treat Hotel

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Phone: 0725133444

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**INJECTION TREATMENT RECORD SHEET**

NAME OF PATIENT:.............................................. D.O.A: .............................................

DIAGNOSIS: .......................................................................

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| MEDICATION: dose, route, and frequency | Time | sun | Mon | Tue | Wed | Thur | Fri | Sat |
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**TREATMENT OTHER MEDS**

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| MEDICATION: dose, route, and frequency | Time | sun | Mon | Tue | Wed | Thur | Fri | Sat |
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