Mass Medication Pen Record

Group / Pen: _____

Diagnosis	Date	Severity	Rx 1	Rx 2	Comments	WD

Rx = medication / product WD = withdrawal time

Signature: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Keep This Record For 24 Months After Transfer of Ownership