# RETATRUTIDE

**10 mg | Mr. Pep Peptides**

## CYCLE CALENDAR

GLP-1 • GIP • GLUCAGON

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Retatrutide |
| **VIAL** | 10 mg |
| **CYCLE** | 24-week record |
| **USE** | Once a week |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**1 mL**

**RESULTING CONCENTRATION**

**10 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 10 U | 0.10 mL | 1 mg |
| 15 U | 0.15 mL | 1.5 mg |
| 20 U | 0.20 mL | 2 mg |
| 25 U | 0.25 mL | 2.5 mg |

## TRACKING CALENDAR - 24 WEEKS

| | | | | | |
|---|---|---|---|---|---|
| **WEEK 1**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 2**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 3**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 4**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 5**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 6**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 7**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 8**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 9**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 10**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 11**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 12**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 13**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 14**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 15**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 16**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 17**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 18**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 19**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 20**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 21**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 22**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 23**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 24**<br>Date: _____<br>Units: _____<br>Notes: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# RETATRUTIDE

## 20 mg | Mr. Pep Peptides

## CYCLE CALENDAR

GLP-1 • GIP • GLUCAGON

### GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Retatrutide |
| **VIAL** | 20 mg |
| **CYCLE** | 24-week record |
| **USE** | Once a week |

### RECONSTITUTION

**VIAL REFERENCE**

**20 mg**

**BACTERIOSTATIC WATER**

**2 mL**

**RESULTING CONCENTRATION**

**10 mg/mL**

### EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| **30 U** | 0.30 mL / 3 mg | |
| **40 U** | 0.40 mL / 4 mg | |
| **50 U** | 0.50 mL / 5 mg | |

### TRACKING CALENDAR - 24 WEEKS

| | | | | | |
|---|---|---|---|---|---|
| **WEEK 1**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 2**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 3**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 4**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 5**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 6**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 7**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 8**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 9**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 10**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 11**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 12**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 13**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 14**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 15**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 16**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 17**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 18**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 19**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 20**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 21**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 22**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 23**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 24**<br>Date: _____<br>Units: _____<br>Notes: _____ |

### OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# TIRZEPATIDE

**10 mg | Mr. Pep Peptides**

**GLP-1 • GIP**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Tirzepatide |
| **VIAL** | 10 mg |
| **CYCLE** | 24-week record |
| **USE** | Once a week |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**1 mL**

**RESULTING CONCENTRATION**

**10 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| **15 U** | 0.15 mL / 1.5 mg | |
| **20 U** | 0.20 mL / 2 mg | |
| **25 U** | 0.25 mL / 2.5 mg | |

## TRACKING CALENDAR - 24 WEEKS

| | | | | | |
|---|---|---|---|---|---|
| **WEEK 1**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 2**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 3**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 4**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 5**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 6**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 7**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 8**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 9**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 10**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 11**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 12**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 13**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 14**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 15**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 16**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 17**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 18**<br>Date: _____<br>Units: _____<br>Notes: _____ |
| **WEEK 19**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 20**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 21**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 22**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 23**<br>Date: _____<br>Units: _____<br>Notes: _____ | **WEEK 24**<br>Date: _____<br>Units: _____<br>Notes: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# TESAMORELIN

**10 mg | Mr. Pep Peptides**

**GHRH**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Tesamorelin |
| **VIAL** | 10 mg |
| **CYCLE** | 3 to 4 months |
| **USE** | Monday to Friday |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**2 mL**

**RESULTING CONCENTRATION**

**5 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume and equivalent dose | Units | Volume and equivalent dose |
|---|---|---|---|
| **20 U** | 0.20 mL / 1 mg | **40 U** | 0.40 mL / 2 mg |

## TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 9 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 10 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 11 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 12 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 13 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 14 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 15 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 16 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Frequency: Monday to Friday

Informational record • Consult a healthcare professional

# TESAMORELIN

**20 mg | Mr. Pep Peptides**

**GHRH**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Tesamorelin |
| **VIAL** | 20 mg |
| **CYCLE** | 3 to 4 months |
| **USE** | Monday to Friday |

## RECONSTITUTION

**VIAL REFERENCE**

**20 mg**

**BACTERIOSTATIC WATER**

**3 mL**

**RESULTING CONCENTRATION**

**6.67 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume and equivalent dose | Units | Volume and equivalent dose |
|---|---|---|---|
| **15 U** | 0.15 mL / 1 mg | **30 U** | 0.30 mL / 2 mg |

## TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| 1 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 2 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 3 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 4 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 5 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 6 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 7 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 8 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 9 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 10 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 11 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 12 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 13 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 14 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 15 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| 16 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |

## OBSERVATIONS

Start: _____ End: _____

Frequency: Monday to Friday

Informational record • Consult a healthcare professional

# MOTS-C

**10 mg | Mr. Pep Peptides**

## CYCLE CALENDAR

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | MOTS-C |
| **VIAL** | 10 mg |
| **FREQUENCY** | Monday to Friday |
| **CYCLE** | 4 to 8 weeks |
| **USE** | Monday to Friday in the morning |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**3 mL**

**RESULTING CONCENTRATION**

**3.33 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 5 U | 0.05 mL | 0.17 mg |
| 7.5 U | 0.075 mL | 0.25 mg |
| 10 U | 0.10 mL | 0.33 mg |

## TRACKING CALENDAR - 8 WEEKS

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| WEEK 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# NAD+

**500 mg | Mr. Pep Peptides**

## CYCLE CALENDAR

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | NAD+ |
| **VIAL** | 500 mg |
| **CYCLE** | 16 weeks |
| **USE** | 3 times per week |

## RECONSTITUTION

**VIAL REFERENCE**
**500 mg**

**BACTERIOSTATIC WATER**
**10 mL**

**RESULTING CONCENTRATION**
**50 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 25 U | 0.25 mL | 12.5 mg |
| 50 U | 0.50 mL | 25 mg |
| 75 U | 0.75 mL | 37.5 mg |
| 100 U | 1.00 mL | 50 mg |

## TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| WEEK 1 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 2 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 3 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 4 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 5 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 6 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 7 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 8 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 9 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 10 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 11 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 12 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 13 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 14 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 16 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# NAD+

## 1000 mg | Mr. Pep Peptides

## CYCLE CALENDAR

### GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | NAD+ |
| **VIAL** | 1000 mg |
| **CYCLE** | 16 weeks |
| **USE** | 3 times per week |

### RECONSTITUTION

**VIAL REFERENCE**
**1000 mg**

**BACTERIOSTATIC WATER**
**10 mL**

**RESULTING CONCENTRATION**
**100 mg/mL**

### EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 25 U | 0.25 mL | 25 mg |
| 50 U | 0.50 mL | 50 mg |
| 75 U | 0.75 mL | 75 mg |
| 100 U | 1.00 mL | 100 mg |

### TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| WEEK 1 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 2 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 3 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 4 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 5 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 6 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 7 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 8 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 9 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 10 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 11 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 12 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 13 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 14 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |
| WEEK 16 | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: | Date: Units: |

### OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# SEMAX

**10 mg | Mr. Pep Peptides**

**CYCLE CALENDAR**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | SEMAX |
| **VIAL** | 10 mg |
| **CYCLE** | 10 to 30 days |
| **USE** | As needed during the cycle |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**2 mL**

**RESULTING CONCENTRATION**

**5 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 5 U | 0.05 mL | 0.25 mg |
| 7.5 U | 0.075 mL | 0.375 mg |
| 10 U | 0.10 mL | 0.50 mg |

## TRACKING CALENDAR - 30 DAYS

| | | | | |
|---|---|---|---|---|
| **DAY 1**<br>Date: _____<br>Units: _____ | **DAY 2**<br>Date: _____<br>Units: _____ | **DAY 3**<br>Date: _____<br>Units: _____ | **DAY 4**<br>Date: _____<br>Units: _____ | **DAY 5**<br>Date: _____<br>Units: _____ |
| **DAY 6**<br>Date: _____<br>Units: _____ | **DAY 7**<br>Date: _____<br>Units: _____ | **DAY 8**<br>Date: _____<br>Units: _____ | **DAY 9**<br>Date: _____<br>Units: _____ | **DAY 10**<br>Date: _____<br>Units: _____ |
| **DAY 11**<br>Date: _____<br>Units: _____ | **DAY 12**<br>Date: _____<br>Units: _____ | **DAY 13**<br>Date: _____<br>Units: _____ | **DAY 14**<br>Date: _____<br>Units: _____ | **DAY 15**<br>Date: _____<br>Units: _____ |
| **DAY 16**<br>Date: _____<br>Units: _____ | **DAY 17**<br>Date: _____<br>Units: _____ | **DAY 18**<br>Date: _____<br>Units: _____ | **DAY 19**<br>Date: _____<br>Units: _____ | **DAY 20**<br>Date: _____<br>Units: _____ |
| **DAY 21**<br>Date: _____<br>Units: _____ | **DAY 22**<br>Date: _____<br>Units: _____ | **DAY 23**<br>Date: _____<br>Units: _____ | **DAY 24**<br>Date: _____<br>Units: _____ | **DAY 25**<br>Date: _____<br>Units: _____ |
| **DAY 26**<br>Date: _____<br>Units: _____ | **DAY 27**<br>Date: _____<br>Units: _____ | **DAY 28**<br>Date: _____<br>Units: _____ | **DAY 29**<br>Date: _____<br>Units: _____ | **DAY 30**<br>Date: _____<br>Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# SELANK

**10 mg | Mr. Pep Peptides**

## CYCLE CALENDAR

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | SELANK |
| **VIAL** | 10 mg |
| **CYCLE** | 30 days |
| **USE** | As needed during the cycle |

## RECONSTITUTION

**VIAL REFERENCE**
**10 mg**

**BACTERIOSTATIC WATER**
**2 mL**

**RESULTING CONCENTRATION**
**5 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 5 U | 0.05 mL | 0.25 mg |
| 7.5 U | 0.075 mL | 0.375 mg |
| 10 U | 0.10 mL | 0.50 mg |

## TRACKING CALENDAR - 30 DAYS

| | | | | |
|---|---|---|---|---|
| **DAY 1**<br>Date: _____<br>Units: _____ | **DAY 2**<br>Date: _____<br>Units: _____ | **DAY 3**<br>Date: _____<br>Units: _____ | **DAY 4**<br>Date: _____<br>Units: _____ | **DAY 5**<br>Date: _____<br>Units: _____ |
| **DAY 6**<br>Date: _____<br>Units: _____ | **DAY 7**<br>Date: _____<br>Units: _____ | **DAY 8**<br>Date: _____<br>Units: _____ | **DAY 9**<br>Date: _____<br>Units: _____ | **DAY 10**<br>Date: _____<br>Units: _____ |
| **DAY 11**<br>Date: _____<br>Units: _____ | **DAY 12**<br>Date: _____<br>Units: _____ | **DAY 13**<br>Date: _____<br>Units: _____ | **DAY 14**<br>Date: _____<br>Units: _____ | **DAY 15**<br>Date: _____<br>Units: _____ |
| **DAY 16**<br>Date: _____<br>Units: _____ | **DAY 17**<br>Date: _____<br>Units: _____ | **DAY 18**<br>Date: _____<br>Units: _____ | **DAY 19**<br>Date: _____<br>Units: _____ | **DAY 20**<br>Date: _____<br>Units: _____ |
| **DAY 21**<br>Date: _____<br>Units: _____ | **DAY 22**<br>Date: _____<br>Units: _____ | **DAY 23**<br>Date: _____<br>Units: _____ | **DAY 24**<br>Date: _____<br>Units: _____ | **DAY 25**<br>Date: _____<br>Units: _____ |
| **DAY 26**<br>Date: _____<br>Units: _____ | **DAY 27**<br>Date: _____<br>Units: _____ | **DAY 28**<br>Date: _____<br>Units: _____ | **DAY 29**<br>Date: _____<br>Units: _____ | **DAY 30**<br>Date: _____<br>Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# GHK-CU

**100 mg | Mr. Pep Peptides**

## CYCLE CALENDAR

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | GHK-CU |
| **VIAL** | 100 mg |
| **CYCLE** | 12 to 16 weeks |
| **USE** | Monday to Friday |

## RECONSTITUTION

**VIAL REFERENCE**
**100 mg**

**BACTERIOSTATIC WATER**
**3 mL**

**RESULTING CONCENTRATION**
**33.33 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 3 U | 0.03 mL | 1 mg |
| 4.5 U | 0.045 mL | 1.5 mg |
| 6 U | 0.06 mL | 2 mg |

## TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| WEEK 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 9 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 10 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 11 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 12 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 13 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 14 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 15 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 16 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# KLOW

## 80 mg | Mr. Pep Peptides

## CYCLE CALENDAR

### GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | KLOW |
| **VIAL** | 80 mg |
| **CYCLE** | 16 weeks |
| **USE** | Monday to Friday |

### RECONSTITUTION

**VIAL REFERENCE**
**80 mg**

**BACTERIOSTATIC WATER**
**3 mL**

**RESULTING CONCENTRATION**
**26.67 mg/mL**

### EQUIVALENTS - U-100 SYRINGE

| Units | Volume | Amount (mg) |
|---|---|---|
| 7.5 U | 0.075 mL | 2 mg |
| 11 U | 0.11 mL | 3 mg |
| 19 U | 0.19 mL | 5 mg |
| 38 U | 0.38 mL | 10 mg |

### TRACKING CALENDAR - 16 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| WEEK 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 9 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 10 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 11 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 12 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 13 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 14 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 15 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| WEEK 16 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

### OBSERVATIONS

Start: _____ End: _____

Investigational compound • Informational record

# WOLVERINE STACK

**20 mg | Mr. *Pep* Peptides**

**PEPTIDE BLEND**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Wolverine Stack |
| **VIAL** | 20 mg |
| **CYCLE** | 12 weeks |
| **USE** | 5 times per week |

## RECONSTITUTION

**VIAL REFERENCE**

**20 mg**

**BACTERIOSTATIC WATER**

**2 mL**

**RESULTING CONCENTRATION**

**10 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume and equivalent dose |
|---|---|
| **5 U** | 0.05 mL / 0.5 mg |
| **10 U** | 0.10 mL / 1 mg |
| **20 U** | 0.20 mL / 2 mg |

## TRACKING CALENDAR - 12 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 9 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 10 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 11 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 12 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Frequency: 5 times per week

Informational record • Consult a healthcare professional

# IPAMORELIN

**10 mg | Mr. *Pep* Peptides**

**GH SECRETAGOGUE**

## GENERAL INFORMATION

| | |
|---|---|
| **PEPTIDE** | Ipamorelin |
| **VIAL** | 10 mg |
| **CYCLE** | 12 weeks |
| **USE** | 5 times per week |

## RECONSTITUTION

**VIAL REFERENCE**

**10 mg**

**BACTERIOSTATIC WATER**

**2 mL**

**RESULTING CONCENTRATION**

**5 mg/mL**

## EQUIVALENTS - U-100 SYRINGE

| Units | Volume and equivalent dose |
|---|---|
| **10 U** | 0.10 mL / 0.5 mg |
| **20 U** | 0.20 mL / 1 mg |

## TRACKING CALENDAR - 12 WEEKS

| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| 1 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 2 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 3 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 4 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 5 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 6 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 7 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 8 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 9 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 10 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 11 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |
| 12 | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ | Date: _____ Units: _____ |

## OBSERVATIONS

Start: _____ End: _____

Frequency: _____

Informational record • Consult a healthcare professional