Dispenser to fill in below						Boutaneous Immunoglobulin Treatment Record
	Date Collected by		Number of Contact			
Name of Medication	patient	Dose and vial sizes	vials/bottles	details		Patient ID:
				Doctor		Doctor:
				Nurse		Hospital/Treatment Centre:
				Clinic		Allergies:
Patient to fill in belo	w					
				Time taken		This column is used to record:
Brand Name of	Date of Infusion	Dose (eg: 28g)	Time of	for infusion	Batch number/sticker	- Reactions to infusion
Medication			Infusion	(h/m)		- Problems with product - (eg. visible particles - not used and returned) - Unused or wasted product (eg. spilled/damaged or infusion stopped due to adverse reaction)