RESPECT MEDS LOG

Date	MRN	Reason for Treatment	Drug(s)	Lot #	Expiration Date	Comment
		☐ Exposed ☐ Symptoms ☐ Pos. Test	☐ Flagyl 500 mg #_____ ☐ Zithromax 1 gm ☐ Rocephin 125 mg			
		☐ Exposed ☐ Symptoms ☐ Pos. Test	☐ Flagyl 500 mg #_____ ☐ Zithromax 1 gm ☐ Rocephin 125 mg			
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