

**Patient's Name:**  
**CHI No:**

<b>Drugs</b>     <b>Diluent .....</b>	<b>Dose</b>     	<b>Made By</b>
		<b>Chkd By</b>
<b>Total Visual Volume (ml)</b>	<b>Date/Time Prepared (discard after 24 hrs)</b>	

**FOR SUBCUTANEOUS INFUSION**  
(discontinue if cloudiness or precipitate occurs)