



- Administer **1** [500 mg] dose
- Every **4** days
- For **7** treatments



_____ 's
Dosing Schedule

Dose 1	Date	Time
Dose 2		
Dose 3		
Dose 4		
Dose 5		
Dose 6		
Dose 7		



Dr.

Office #

Cell #

Follow up appointment

Date

Time

Notes
