

Over-the-Counter Topical Ointments Log

Provider: _____

Month: _____

DAY OF THE MONTH:	1st															
TIME OF APPLICATION	1:20p															
Name	DOB:															
Sunscreen/Insect Repellent/Diaper Rash	S/I/D															
Reaction	no/yes															
Comments																
Name	DOB:															
Sunscreen/Insect Repellent/Diaper Rash	S/I/D															
Reaction	no/yes															
Comments																
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