

My JELMYTO treatments

Keep track of your appointments and make note of questions/concerns you have for your doctor or nurse.



My appointments

WEEK **1** | Date: ___/___/___ | Notes: _____
Time: ___:___

WEEK **2** | Date: ___/___/___ | Notes: _____
Time: ___:___

WEEK **3** | Date: ___/___/___ | Notes: _____
Time: ___:___

WEEK **4** | Date: ___/___/___ | Notes: _____
Time: ___:___

WEEK **5** | Date: ___/___/___ | Notes: _____
Time: ___:___

WEEK **6** | Date: ___/___/___ | Notes: _____
Time: ___:___

Follow-up appointments: _____

Remember to take your sodium bicarbonate as instructed by your doctor before each JELMYTO treatment

My healthcare provider: _____

Phone: _____

Email: _____

