

# 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: \_\_\_\_\_

[illegible]

Please [click here](#) for JELMYTO Full Prescribing Information, including the Patient Information.

