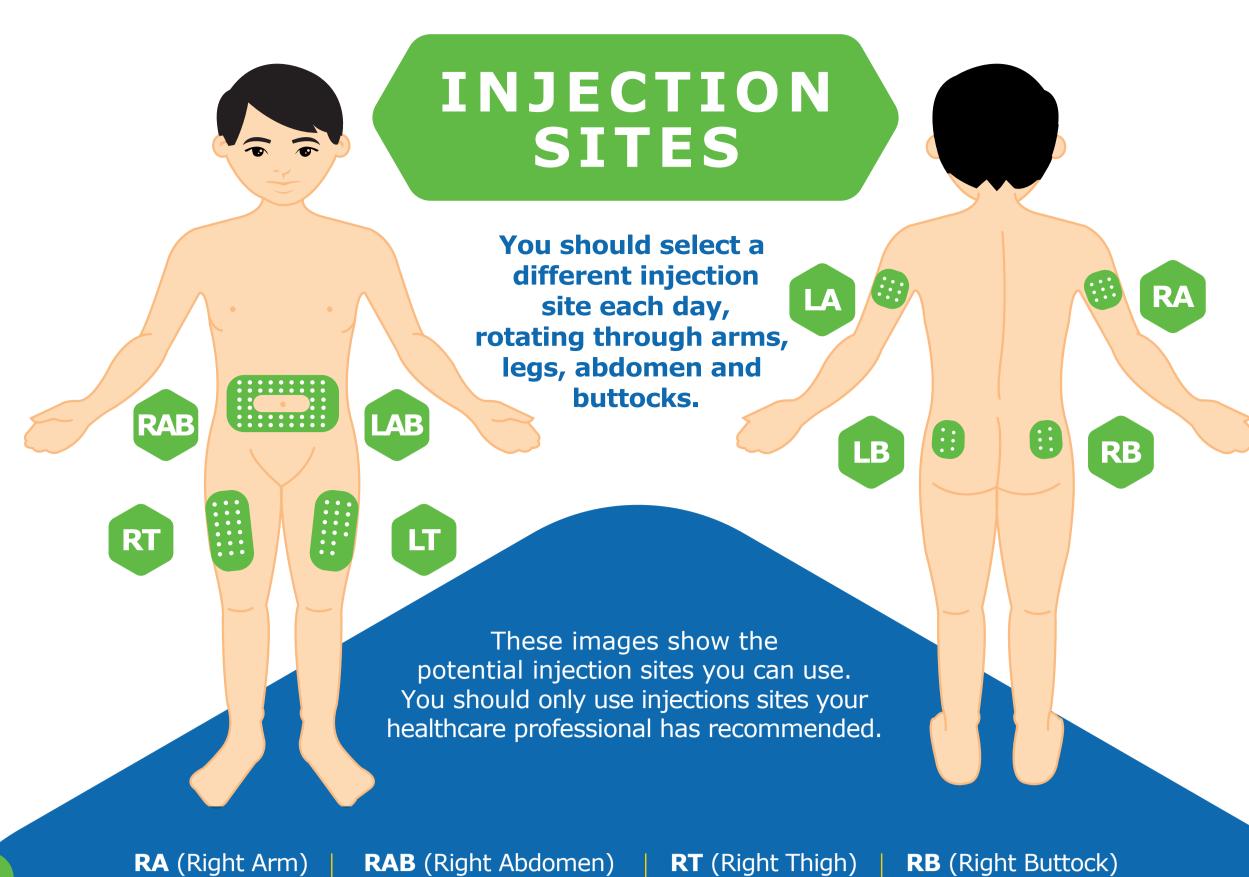
Weekly Injection Log

Use the chart to log your injections.

Remember to include the day, month, and injection site used for each dose. If your physician has prescribed 6 doses per week, remember to draw a line through your day off.

My Name:



LA (Left Arm)

RAB (Right Abdomen)
LAB (Left Abdomen)

RT (Right Thigh)
LT (Left Thigh)

RB (Right Buttock)
LB (Left Buttock)

at 1-877-724-9361, patientservices@emdserono.com

If you have an questions about your injection sites contact Momentum

		S	ee patient insert	for more info	rmation.		
			Trice	tion Loc	`		
			Injec	tion Log	.		
Week _	_ Day	Month	Site	Week _	Day	Month	Site
SUN				SUN			
MON				MON			
TUE				TUE			
WED				WED			
THU				THU			
FRI				FRI			
SAT				SAT			
Week	_ Day	Month	Site	Week _	_ Day	Month	Site
SUN				SUN			
MON				MON			
TUE				TUE			
WED				WED			
THU				THU			
FRI				FRI			
SAT				SAT			
Week	_ Day	Month	Site	Week _	_ Day	Month	Site
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THU				THU			
FRI				FRI			
SAT				SAT			
Week	_ Day	Month	Site	Week _	_ Day	Month	Site
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SAT				SAT			
Week	_ Day	Month	Site	Week _	_ Day	Month	Site
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MON				MON			
TUE				TUE			
WED				WED			

Week	Day	Month	Site	Week	Day	Month	Site
Week _	_ Day	Month	Site	Week	Day	Month	Site
SAT				SAT			
FRI				FRI			
THU				THU			
WED				WED			
				TUE			
TUF							

WED

THU

FRI

SAT

Week _

SUN

WED

Day

Month

Site

Site

Week _	_ Day	Month	Site	Week _	_ Day	Month
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MON				MON		
TUE				TUE		
WED				WED		
THU				THU		
FRI				FRI		
SAT				SAT		

Site

Week	Day	Month	Site	Week _	Day	Month	Site
Week	Day	Month	Site	Week	Day	Month	Site
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WED				WED			
THU				THU			
FRI				FRI			
SAT				SAT			

To order more 24-week injection logs, contact Momentum Patient Support at **1-877-724-9361**, patientservices@emdserono.com

CA-SAI-00083 - GH058E



WED

THU

FRI

SAT

Week _

SUN

WED

Day

Month



