



HF HEALTHCARE

Infusing Health Right to Your Home

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HF HEALTHCARE INFUSION LOG

PATIENT NAME: _____ DATE: _____ WEIGHT: _____ DOB: _____ TIME OF INFUSION: _____

BLEED TREATED WITHIN:

____ <1 HOUR

____ 1-3 HOURS

____ >3 HOURS

PRODUCT ADMINISTERED: Write in or affix label sticker to each box

Brand: _____ Exp Date: _____ Lot #: _____ Units: _____

Brand: _____ Exp Date: _____ Lot #: _____ Units: _____

Brand: _____ Exp Date: _____ Lot #: _____ Units: _____

Brand: _____ Exp Date: _____ Lot #: _____ Units: _____

SITE: ___MUSCLE ___JOINT ___SOFT TISSUE | ___MILD ___MODERATE ___SEVERE

INDICATE LEFT (L) OR RIGHT (R) AS APPROPRIATE:

___HEAD ___MOUTH ___NOSE ___SHOULDER ___RIBS ___ELBOW ___WRIST ___HAND ___STOMACH

___GROIN ___BUTTOCKS ___HIPS ___THIGH ___KNEE ___CALF

REASON FOR INFUSION:

___SCHEDULED/PROPHYLAXIS ___PREVENTATIVE ___SPONTANEOUS BLEED ___INJURY ___JOINT BLEED ___PRE-SURGERY

___PRODUCT CHANGE ___IMMUNE TOLERANCE ___DENTAL PROCEDURE

SCHOOL/WORK/ACTIVITIES MISSED: DAYS _____ HOURS _____

COMMENTS/NOTES:
