Administration Log

Cabotegravir as part of

Cabenuva Injectable Medication

(Combination Drug)

Prescribing Physician: _____

Patient name: _____ Date Patient completed Lead in regimen: _____ Dosing Regimen: _____

Dose to Prepare : _____ Volume to Withdraw: _____ # of Vials needed: _____

				Injection Administration						
Date Dispensed	Appointment time	Dosage	Time of Beginning Dose Preparation (must be used within 2 hours)	Lot# of Vial used	Dose Prepared By (initials)	Dose Confirmed By (initials)	Time Of injection	Needle Gauge And Length used	Site of Injection	Administered by (Initials)

Injection Administration

Date Dispensed	Appointment time	Dosage	Time of Beginning Dose Preparation (must be used within 2 hours)	Lot# of Vial used	Dose Prepared By (initials)	Dose Confirmed By (initials)	Time Of injection	Needle Gauge And Length used	Site of Injection	Administered by (Initials)

Injection Administration

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