

ADVERSE EVENT TO INJECTION TECHNIQUE [4]

Practitioner (Print Name)				
Patient ID		DOB	____ / ____ / ____	M / F
Patient GP		€ Informed by letter	Date ____/____/____	
		€ Informed by phone	Date ____/____/____	
Diagnosis				

	Name	Batch/Lot	Exp	Dose
Steroid				
Local				
HA				

ADVERSE EVENT			
ACTION TAKEN			
Practitioner Signature			Date