



pH Nitrazine Patient Results Log Sheet

Location: _____

Month: _____ Year: _____

Date	Time	Patient Label	Lot Numbers	pH Result	Operator Initials
			<i>pHizatest® Paper:</i>		
			<i>pHizatest® Paper:</i>		
			<i>pHizatest® Paper:</i>		
			<i>pHizatest® Paper:</i>		
			<i>pHizatest® Paper:</i>		