

✓
1. Did you check
your prescription?



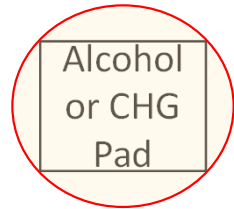
✓
2. Did you check the "Do
Not Use After" Date?



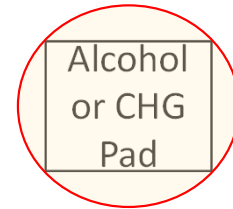
✓
3. Did you WASH YOUR
HANDS/GEL?



S



A



S

Notes: _____

✓
1. Did you check
your prescription?



✓
2. Did you check the "Do
Not Use After" Date?



✓
3. Did you WASH YOUR
HANDS/GEL?

Alcohol
or CHG
Pad

S

Alcohol
or CHG
Pad

A

Alcohol
or CHG
Pad

S

Alcohol
or CHG
Pad

H

Notes: _____