Treatment Chart

Please send back original chart

For: _____

Age: ____ years

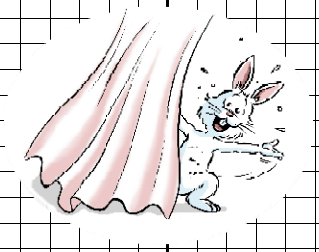
Sex: ____ (♂ / ♀)

Shipping date: _____

Customer-Nbr: _____

AntiNass PipiStop

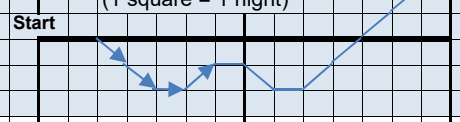
1st Week	2nd Week	3rd Week	4th Week	5th Week	6th Week	7th Week	8th Week	9th Week	10th Week
MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO	MO TU WE TH FR SA SO



Start of treatment (date):

Start

Example
(1 square = 1 night)



Use following symbols:
(see documentation)

Dry

Slightly wet
(small urine spot)

Wet