

Pr **DOJOLVI**TM
Triheptanoin Oral Liquid

Dosing Tracker

Use this Dosing Tracker as directed by your healthcare professional. Use it along with the Dosing Guide and Patient Medication Information.

For additional copies, ask your healthcare professional or contact the UltraCare Patient Support Program at 1-833-388-5872 (U-LTRA).

Total daily amount of DOJOLVI: _____ Date: _____

Maximum fasting period: _____

Recommended daily medical food/formula: _____

Recommended daily fat total from food: _____

Take DOJOLVI 4 or more times throughout the day with a meal or snack.

	Amount:	Time taken:	Notes:
Dose 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daily fat intake from food

(list foods and fat grams below to help you reach the recommended daily total listed above)

Foods:

Total fat (grams):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Daily fat total:

Healthcare professional: _____

Phone: _____