



A.BORDADOR
Animal Bite Center

JAM

Clinic Hours: Monday-Friday: 10-7PM SATURDAY: 10-5PM SUNDAY: CLOSED
Contact Numbers: 0927-509-1723
Clinic Address: 2nd Unit, 2nd Flr. LA BUILDING, CALVARIO, MECUQUAYAN

Patient No: _____

NAME: LEGASPI, JACULYN AGE: 27 SEX: F STATUS: S

ADDRESS: 601 ORACION ST. FORCAL EXT. NEW BUL CONTACT #: 09567410073

Past Medical Hx:

Post Exposure History:

Date: 3-4-23 Place: OFFICE Time: 6 PM
Dog Cat Pet Stray Type/Site: BITE @ MISOL
Wound Washing: Done Not Done FINACA

Post Exposure Treatment:

Category of Exposure: I II III
Date Treatment Started: 3-7-23 Place: ABC CAW Time: 6 PM
Weight: _____ Temp.: _____ TT/Td: NOT GIVEN
Vaccine Used: (PVRV) 0.1ml ID both deltoid Brand Name: SPEZON

RIG: _____

Medications/Notes:

[Empty box for Medications/Notes]

	Schedule	Date Given	Signature
D0		<u>3-4-23</u>	<u>[Signature]</u>
D3	<u>3-10-23</u>	<u>3-13-23</u>	<u>[Signature]</u>
D7	<u>3-17-23</u>		
D28/30	<u>4-6-23</u>		

Status of Biting Animal (14days after): _____