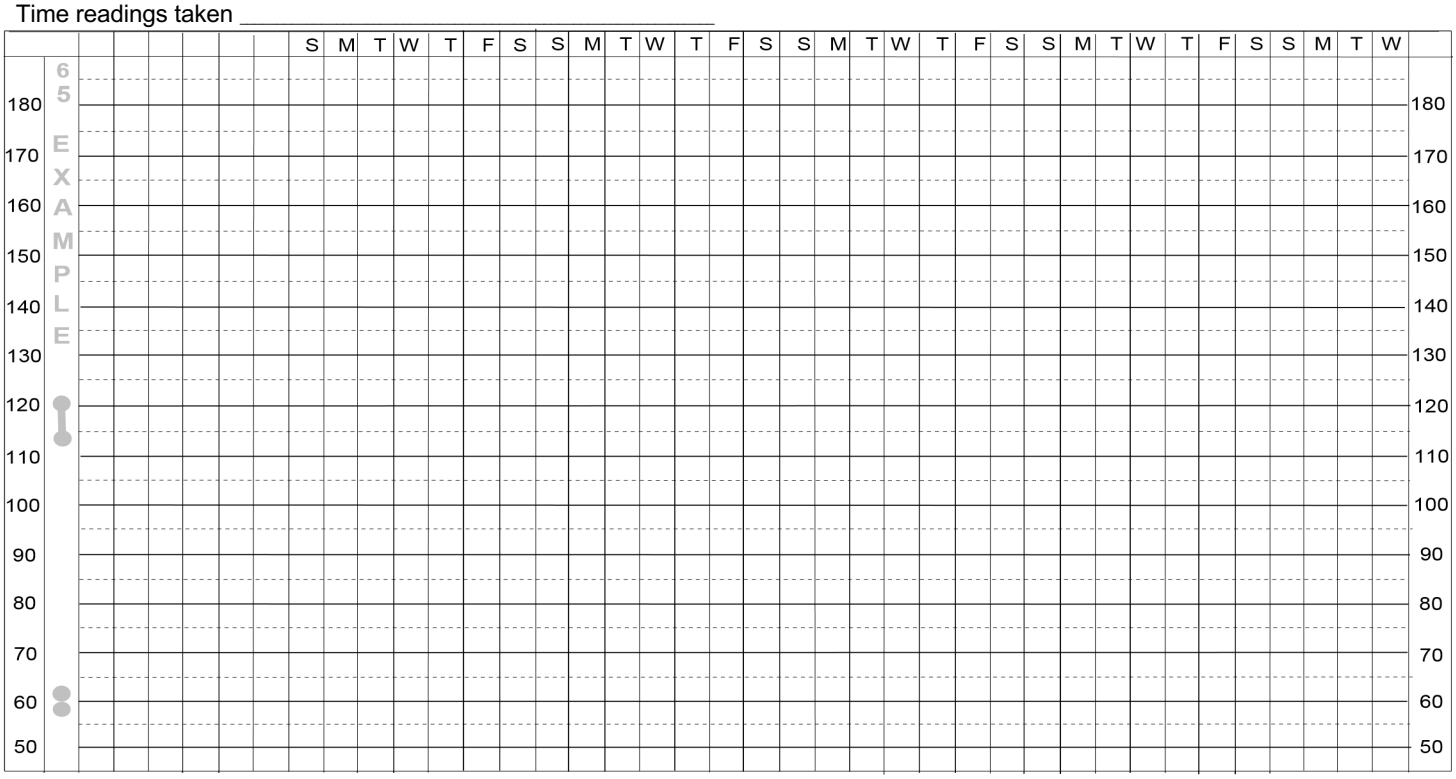
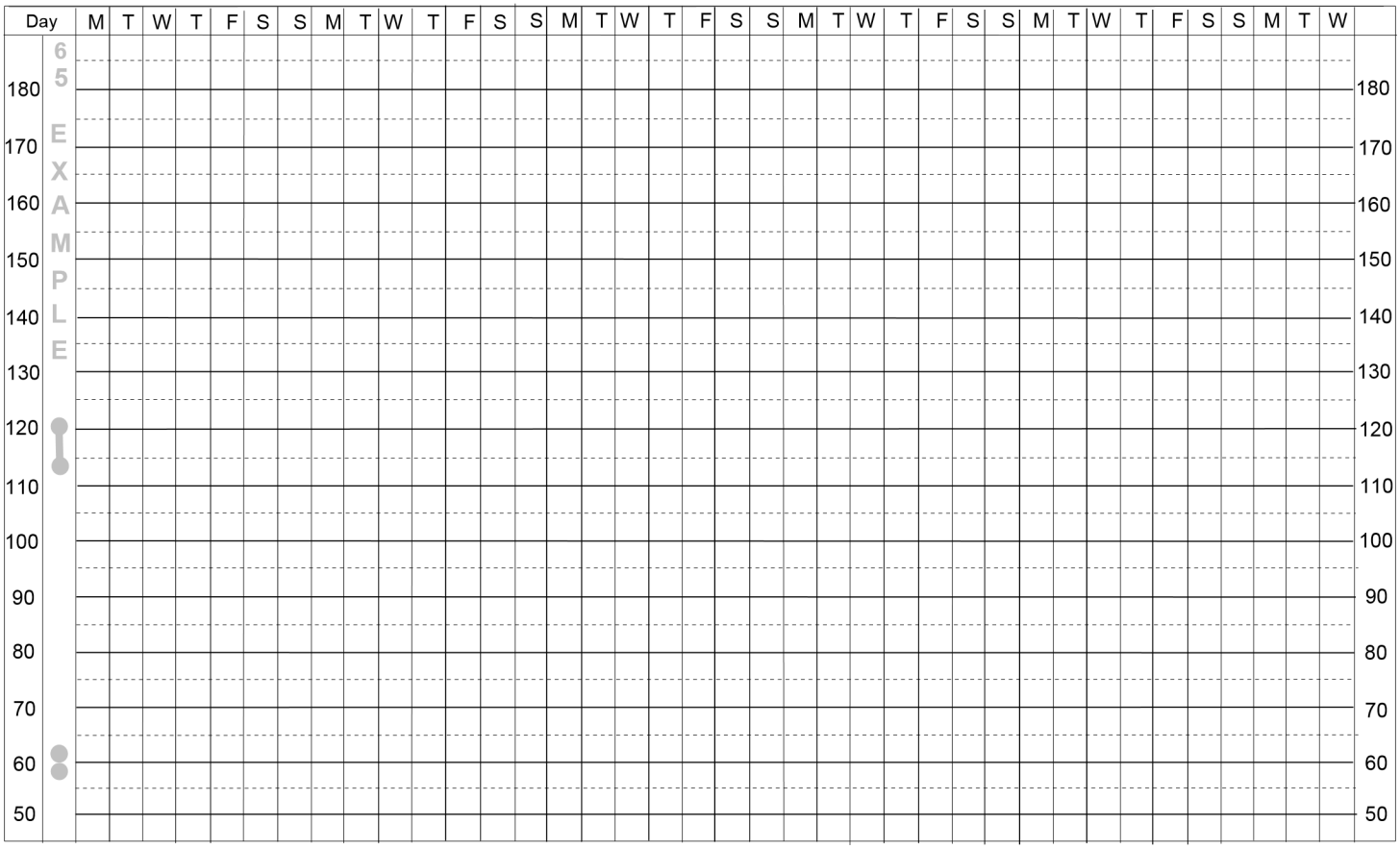
CareClinic

Name:

Date started __/__/__

Time readings taken _____




Download the CareClinic App to record readings directly in the App! https://careclinic.app.link/forms

OR SCAN THIS QR CODE WITH YOUR PHONE'S CAMERA