	С	LOZAPINE	MONITORI	NG RECO	RD				
NAME			- ADDRESS						
CHI NO.			ADDINESS						
			1					,	
DATE	RESULT COLOUR	DAILY DOSE	NO.OF TABLETS/ 4 WKS		CHECKED	START DATE OF	SCRIPT WEEK	SCRIPT	DISPENSED
			25MG	100MG	BY	BLOCK	NUMBERS	SUBMITTED	BY
									1