Louisville Public Health & Wellness Attendance Sheet

FFS Clinic Site: *Zip Code:*

Facilitator(s): *Phone # ( )* *Clinic Dates & Times:*

	Participant's Name				*Sessions*									
		# CIGS	***NRT Mg***	***Patches, Gum, Lozenges***	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**Dropped Out**	**Completed**
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