ORGANIZATION: _____

CITY: _____

STATE/PROVINCE: _____

Distribution Guidelines:
1 Bottle per Pregnant Client

Distribution Register: Prenatal Multivitamins

Pregnant Client Information	**Pregnancy Status** (check appropriate box below)				**Infant Information**	**Distribution Information**	
		Pregnant					
Name	Preconception (Intending to become pregnant)	1st Trimester	2nd Trimester	3rd Trimester	Due Date	Distribution Date (mm/dd/yyyy)	Distributed By
Sample Woman #1	☑				*N/A*	*12/07/2020*	*Suzie L.*
Sample Woman #2		☑			*08/11/2021*	*12/07/2020*	*Rachel Q.*
Sample Woman #3				☑	*2/06/2021*	*12/07/2020*	*Andrea J.*

PLEASE NOTE: Distribution register is for internal use only as an optional recordkeeping tool. Vitamin Angels will never ask to collect this from you.

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