



ORGANIZATION: _____
 CITY: _____
 STATE/PROVINCE: _____

Distribution Guidelines:
1 Bottle per Client, as needed

Distribution Register: Prenatal Multivitamins

Client Information	Pregnancy Status (check appropriate box below)					Distribution Information	
	Not Pregnant		Pregnant			Distribution Date (mm/dd/yyyy)	Distributed By
	Woman of Reproductive Age	Preconception (Intending to become pregnant)	1st Trimester	2nd Trimester	3rd Trimester		
Sample Woman #1	<input checked="" type="checkbox"/>					12/07/2022	Suzie L.
Sample Woman #2			<input checked="" type="checkbox"/>			12/07/2022	Rachel Q.
Sample Woman #3					<input checked="" type="checkbox"/>	12/08/2022	Andrea J.
Sample Woman #4		<input checked="" type="checkbox"/>				12/08/2022	Rachel Q.

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

