Record of the areas where you inject denosumab under the skin (your injection sites)

| Your name: _ | | | |
|------------------------|-----------------|---|---------------------------------------|
| Hospital numb | oer: | | |
| | | | |
| | | | |
| Treatment cycle number | Day of the week | Area of the body where you have injected the medicine (your injection site) | Date of giving yourself the injection |
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