West Annapolis Medical Spa

AT SANDEL DUGGAL PLASTIC SURGERY

TB-500 + BPC-157 RECOVERY TRACKER

PATIENT PROGRESS & MONITORING LOG

Please complete this page after each dose and at least once weekly. Tracking both positive changes and any symptoms helps us tailor your protocol and monitor your progress.

Patient Name: _____ Start Date: _____ Provider: _____ Primary Goal: _____

DOSE LOG

DATE	TIME	BPC-157 DOSE	TB-500 DOSE	ROUTE / SITE	NOTES
1.					
2.					
3.					
4.					
5.					
6.					

WINS TO WATCH FOR

Small improvements matter. Please note even subtle positive changes so we can build on early progress.

- ☐ Less pain
- ☐ Less swelling
- ☐ Improved mobility
- ☐ Easier workouts / activity
- ☐ Better recovery
- ☐ Better sleep
- ☐ Improved daily function
- ☐ Better tissue healing

Biggest improvement I noticed: _____

ADVERSE OR COINCIDENTAL EVENTS TO REPORT

Please document anything unusual, even if you are not sure it is related.

- ☐ Injection-site redness
- ☐ Bruising
- ☐ Headache
- ☐ Nausea
- ☐ Dizziness
- ☐ Rash / itching
- ☐ Increased pain
- ☐ Other

Details: _____

WEEKLY SNAPSHOT

Please rate your overall experience over the past week by circling a number from 0 (worst) to 10 (best).

Pain level	0	1	2	3	4	5	6	7	8	9	10
Mobility / function	0	1	2	3	4	5	6	7	8	9	10
Recovery progress	0	1	2	3	4	5	6	7	8	9	10
Overall benefit	0	1	2	3	4	5	6	7	8	9	10

Questions or updates for our team: _____

Henry Sandel, MD and Claire Duggal, MD | Sandel Duggal Center for Plastic Surgery | sandelduggal.com

Bring this completed sheet to follow-up or upload a photo through the patient portal.

West Annapolis Medical Spa

AT SANDEL DUGGAL PLASTIC SURGERY

NAD+ ENERGY & RECOVERY TRACKER

PATIENT PROGRESS & MONITORING LOG

Please complete this page after each treatment or injection and at least once weekly.
Tracking positive changes and any symptoms helps us tailor your protocol and monitor your progress.

Patient Name: _____ Start Date: _____ Provider: _____ Primary Goal: _____

DOSE LOG

DATE	TIME	NAD+ DOSE	ROUTE (IV / SUBQ)	DURATION / SITE	NOTES
1.					
2.					
3.					
4.					
5.					
6.					

WINS TO WATCH FOR

Small improvements matter. Please note even subtle positive changes so we can build on early momentum.

- ☐ More energy
- ☐ Better mental clarity
- ☐ Improved focus
- ☐ Better exercise recovery
- ☐ Better stress resilience
- ☐ Better mood
- ☐ Better sleep
- ☐ Less fatigue

Best change I noticed: _____

ADVERSE OR COINCIDENTAL EVENTS TO REPORT

Please document anything unusual, even if you are not sure it is related.

- ☐ Nausea
- ☐ Flushing
- ☐ Lightheadedness
- ☐ Headache
- ☐ Fatigue
- ☐ Abdominal discomfort
- ☐ Injection-site irritation
- ☐ Other

Details: _____

WEEKLY SNAPSHOT

Please rate your overall experience over the past week by circling a number from 0 (worst) to 10 (best).

Energy level	0	1	2	3	4	5	6	7	8	9	10
Mental clarity	0	1	2	3	4	5	6	7	8	9	10
Recovery	0	1	2	3	4	5	6	7	8	9	10
Overall benefit	0	1	2	3	4	5	6	7	8	9	10

Questions or updates for our team: _____

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West Annapolis Medical Spa

AT SANDEL DUGGAL PLASTIC SURGERY

GHK-Cu GLOW PROTOCOL TRACKER

PATIENT PROGRESS & MONITORING LOG

Please complete this page after each application or treatment and at least once weekly.
Tracking visible improvements and any symptoms helps us tailor your protocol and monitor your progress.

Patient Name: _____ Start Date: _____ Provider: _____ Primary Goal: _____

TREATMENT LOG

DATE	TIME	PRODUCT / DOSE	ROUTE (TOPICAL / PROCEDURE)	AREA TREATED	NOTES
1.					
2.					
3.					
4.					
5.					
6.					

WINS TO WATCH FOR

Small changes in skin quality matter. Please document even subtle improvements so we can build on early progress.

- ☐ Healthier glow
- ☐ Smoother texture
- ☐ Better hydration
- ☐ Calmer redness
- ☐ Improved healing
- ☐ Brighter tone
- ☐ Softer skin
- ☐ Better confidence

Best skin change I noticed: _____

ADVERSE OR COINCIDENTAL EVENTS TO REPORT

Please document anything unusual, even if you are not sure it is related.

- ☐ Irritation
- ☐ Itching
- ☐ Redness
- ☐ Breakout
- ☐ Dryness / peeling
- ☐ Swelling
- ☐ Delayed healing
- ☐ Other

Details: _____

WEEKLY SNAPSHOT

Please rate your overall experience over the past week by circling a number from 0 (worst) to 10 (best).

Skin glow	0	1	2	3	4	5	6	7	8	9	10
Skin texture	0	1	2	3	4	5	6	7	8	9	10
Healing / recovery	0	1	2	3	4	5	6	7	8	9	10
Overall benefit	0	1	2	3	4	5	6	7	8	9	10

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