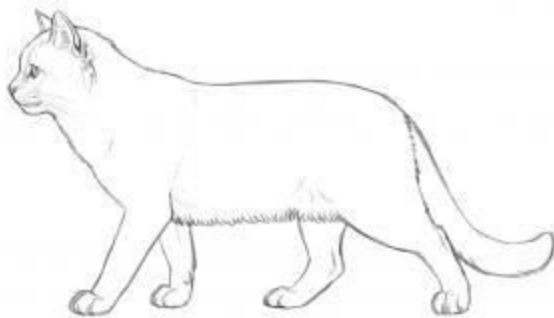

Ringworm Treatment Tracker

NAME: _____

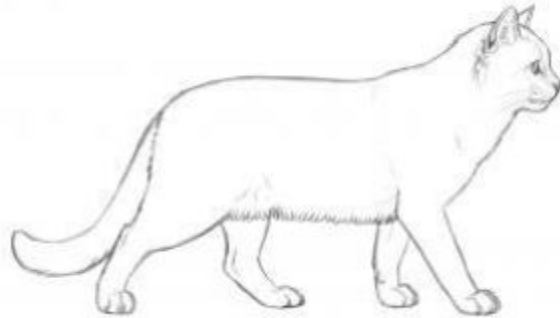
DIAGNOSIS DATE: _____

DIAGNOSIS INFORMATION

LEFT SIDE



RIGHT SIDE



ELIGIBLE TO START ORAL MEDS ON:

IMPORTANT NOTES ON ORAL MEDS:

TOPICAL TREATMENT NOTES:

EASE OF TREATMENT/BEHAVIORAL NOTES: