Tab 74

Adverse Reaction Log / General Complaint Log

Date: 3-13-03 Representative: R. Fox

Approx. Time:

Name of Customer:
Company Name :
(if applicable)

Yell on Jackets
1-pill / day
1-pill - another day

Address:

Phone Number:

Customer's Situation: Hospital 5 - DAYS. - Faint - Dizzy
Pain in Heart - Vomit. Blood Test.
10,000 Bill + Damage to LIVER

phone.

Advice Given:

Rev 020502