

Spirometry Tracking Chart for Afrezza®

Jones
Medical
Instrument
Company



Baseline Spirometry Test: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

6 Month Spirometry Test: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

(Has FEV1 declined \geq 20% from Baseline FEV1? **YES NO** If Yes, refer to Full Prescribing Information)

Annual Spirometry Test #1: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

(Has FEV1 declined \geq 20% from Baseline FEV1? **YES NO** If Yes, refer to Full Prescribing Information)

Annual Spirometry Test #2: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

(Has FEV1 declined \geq 20% from Baseline FEV1? **YES NO** If Yes, refer to Full Prescribing Information)

Annual Spirometry Test #3: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

(Has FEV1 declined \geq 20% from Baseline FEV1? **YES NO** If Yes, refer to Full Prescribing Information)

Annual Spirometry Test #4: Assessment By _____ Date _____

Best FEV1 = _____(L) Best FEV1 Percent-of-Predicted = _____

(Has FEV1 declined \geq 20% from Baseline FEV1? **YES NO** If Yes, refer to Full Prescribing Information)

This information is not a substitute for medical advice and does not provide a complete summary of Afrezza® or any inhaled insulin product or address all considerations in making treatment decisions regarding their use. Always refer to the complete product information provided by the manufacturer.

For complete information regarding spirometry testing for Afrezza®, see Full Prescribing Information. For all other spirometry related questions, call Jones Medical.

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SPIROMETRY STARTS HERE®

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