## Smokerlyzer® Breath CO Test Personal Results Log



Patient Name or ID								
To the transfer of the transfe					% OHb  How many cigarettes day?  How many cigarettes day?  How many cigarettes day?  When did you have?  Now many cigarettes day?  When did you have?  Now many cigarettes day?			
Test Dat	te/Time		Test Results			ian oke . Wr	ial smorth	diesticion
Date	Time	CO (ppm)	% COHb	% FCOHb	Howol	have have	ou win	



www.covita.net | tel 800.707.5751 | fax 800.721.2377 212 Cottage Grove Ave. Suite C Santa Barbara, CA 93101