

File #

Mission Possible Canada

ASPARTAME REACTION REPORT

PLEASE PRINT

Mail, fax or send as E-mail attachment to
Mission Possible Canada - 308-40 Bay Mills Blvd - Toronto - ON - M1T3P5
Fax: to 416-754-1225 - Email: aspartame@aspartame.ca

Last Name		First		Middle	DOB dd/mm/yyyy
Street			City		Post Code
Day Phone		Night Phone		Fax	
E-mail address			Web site		

Please complete the table below. If possible list reaction per FDA list.
Under Severity **M**=Mild **S**=Severe **D**=Doctor required **H**=Hospital required. Medication prescribed if any

	Date dd/mm/yyyy	Reaction	Severity				Medication Prescribed
			M	S	D	H	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

NOTES/COMMENTS. PLEASE PRINT HAND WRITTEN SCRIPT IS NOT ACCEPTABLE

Signed	Witnessed	Date dd/mm/yyyy
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