

# Pepticate™ Feeding & Symptom Tracker



NUTRICIA  
**RELIEF  
PROMISE  
PROGRAM**

NUTRICIA  
**Pepticate™**  
Relief starts here

**An effective solution for  
cow milk allergy inspired by the  
elements of breast milk and  
rated #1 in taste by parents\***

\*Based on a March 2024 nationwide taste  
test among parents of powdered eHFs.



# BABY'S FEEDING RECOMMENDATIONS:



NUTRICIA  
**RELIEF**  
PROMISE  
PROGRAM

\_\_\_\_\_scoop(s) Pepticate™ mixed with \_\_\_\_\_ounce(s) of water

\_\_\_\_\_feedings per day

FOLLOW LABEL FOR MIXING INSTRUCTIONS  
AS RECOMMENDED BY YOUR DOCTOR

**Record your baby's consumption and any symptoms or  
additional comments using the tracker.**

Signs & symptoms to keep track of:



## **Gastrointestinal symptoms**

Diarrhea,  
constipation,  
blood and/or  
mucus in the stool,  
abdominal pain,  
vomiting, reflux,  
excessive spitting-  
up, persistent  
gassiness



## **Behavioral symptoms**

Excessive  
fussiness,  
sleeplessness,  
colic



## **Skin symptoms**

Hives, atopic  
dermatitis  
(eczema), other  
unexplained  
rashes



## **Respiratory symptoms**

Trouble  
breathing,  
wheezing,  
anaphylaxis  
(rare)



## **Growth/ development issues**

Poor weight gain,  
poor growth

# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 1

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 2

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 3

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 4

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 5

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 6

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 7

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 8

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 9

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 10

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

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## DAY 11

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 12

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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# PEPTICATE FEEDING TRACKER

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## DAY 13

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

DAY/DATE \_\_\_\_\_ TIME AM / PM \_\_\_\_\_  
COMMENTS/  
SYMPTOMS \_\_\_\_\_ oz CONSUMED \_\_\_\_\_

### NOTES

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# PEPTICATE FEEDING TRACKER

Record your baby's consumption and any symptoms or additional comments using the tracker.

## DAY 14

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

DAY/DATE _____	TIME AM / PM _____
COMMENTS/ SYMPTOMS _____	oz CONSUMED _____

### NOTES

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## NOTES

[illegible]

# NOTES

[illegible]



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**RELIEF  
PROMISE  
PROGRAM**



**An effective solution for cow milk allergy  
inspired by the elements of breast milk  
and rated #1 in taste by parents\***

Relieves symptoms of cow milk allergy like colic and eczema.

## EASY WAYS TO ORDER PEPTICATE:



Order directly  
from [Pepticate.com](https://www.pepticate.com)



Buy on Amazon



Available through many major  
retailers and pharmacies

Local pharmacies, home  
healthcare, & DME providers  
can special order for you

**Walmart**  **Walgreens**

\*Based on a March 2024 nationwide taste test among parents of powdered eHFs.

Pepticate may be covered by WIC,\* Medicaid, and private payers if the patient meets the policy's medically necessary criteria. Allow Nutricia Navigator to explore coverage options for Pepticate.



**NUTRICIA  
NAVIGATOR**

**Call: 1-800-365-7354, or visit [Neocate.com/Reimbursement](https://www.Neocate.com/Reimbursement)**

\*WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children.

Brought to you by Nutricia North America.

Pepticate™ is a hypoallergenic, extensively hydrolyzed infant formula for use under medical supervision and is indicated for cow milk allergy in infants from birth to 12 months.

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GIPEEPCON-03 11/24

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