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Clear page

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OCCLUDED ARTERY TRIAL (OAT)
Medication Follow-Up Form

OAT Form 13
Rev 3 (email)
04/14/2003

Please Use Black Pen To Fill Out Form.

Patient's ID Number: ___ - ___ Letter Code: ___ Correction ○

Date of Contact: ___ - ___ - ____ (mmm dd yyyy) fm13dt ○ Not Done form13nd

Period: 4 mo ○ 12 mo ○ 24mo ○ 36 mo ○ 48 mo ○ 60 mo ○ nvisit

THERAPY	Currently Prescribed Yes	No	Unknown	
1. Cholesterol lowering (e.g. statin)	○	○	○	cholowc
2. Aspirin	○	○	○	aspirinc
3. ACE-inhibitor	○	○	○	aceinhc
4. Beta-blocker.	○	○	○	bbc
5. Calcium channel blocker	○	○	○	ccbc
6. Angiotensin Receptor blocker	○	○	○	ablockc
7. Diuretic	○	○	○	diurc
8. Digoxin	○	○	○	digoxinc
9. Spironolactone	○	○	○	splacc
10. Clopidogrel	○	○	○	clopdic

Signature: _____ ___ - ___
OAT Staff Number

FAX to MMRI (410) 323 - 4729

e-mail to MMRI