

Affix Patient I.D. Here

COMPLETE THIS FORM WHENEVER THE PATIENT'S DRUG OR DOSE IS CHANGED DURING FOLLOWUP.

1 Date retitration began: DATE'S
// _/_/ _/_
mo dy yr

PREVIOUS STUDY DRUG AND DOSE

DRUG'S 2 ₁ CAST-ENC ₂ CAST-FLEC ₃ CAST-MOR
DOSE'S ₁ Dose 1 ₂ Dose 2 ₃ Other: mg/day

PRIMARY REASON FOR RETITRATION (Check only one)

REASON'S 3 ₁ Heart block (Mobitz II, advanced or complete)
₂ Adverse ECG effects
₃ Congestive heart failure
₄ Apparent proarrhythmia
₅ Late adverse effects (miscellaneous)
₆ Other

4 Amplify details of primary reason

STUDY DRUGS ASSIGNED

List X-bottles assigned during this retitration:

X-bottle number	Drug			Dose		Tolerated	
	CAST ENC	CAST FLEC	CAST MOR			Yes	No
=1 5	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
=2 6	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
=3 7	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
=4 8	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
=5 9	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

site hos drg bottle# chk

OUTCOME OF RETITRATION

TXASN'S 10 ₁ CAST Therapy ASNDRG'S
₁ CAST-ENC ₂ CAST-FLEC ₃ CAST-MOR
₁ Dose 1 ₂ Dose 2 ₃ Other: mg/day ASNDOS'S
₂ Individualized therapy (Complete Individualized Therapy) ~~ASNTMG'S~~
₃ Patient died (or resuscitated cardiac arrest)
(Complete Death or Cardiac Arrest form, CAST 23)
₄ Patient refused further followup
(Complete Withdrawal form, CAST 25)

Name of person filling out form _/_/_
Code Number

RETITRAT
CAST 18.01
6/18/87
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