



Affix Patient I.D. Here

COMPLETE WHEN DISPENSING CAST DRUGS OR WHEN DOSE IS CHANGED, EXCEPT DURING OPEN LABEL TITRATION OR DURING BLINDED RETITRATION

1 Date drug dispensed: []/[]/[] DATE 14
mo dy yr

REASON FOR DRUG DISPENSING

- 2 1 Randomization to blinded therapy REASON 14
- 2 Followup
- 3 Replacement for lost drugs
- 4 Change in drug or dose during followup

STUDY DRUG

3 1 CAST-ENC 2 CAST-FLEC 3 CAST-MOR
 1 Dose 1 2 Dose 2 DOSE 14

Prescribed schedule:

- 1 Protocol schedule
- 2 Non-protocol schedule-SPECIFIC APPROVAL REQUIRED

If non-protocol, specify: [] [] [] mg/day

PILLS DISPENSED

4 Number of pills dispensed PILLS 14
[] [] [] []

5 X-bottle number for initial supply, for replacement of lost drugs or for a change in drug or dose following blinded retitration:

X-[]-[]-[]-[]-[]-[]
site hos drg bottle# chk

X-[]-[]-[]-[]-[]-[]
site hos drg bottle# chk

Name of person filling out form

[] [] []
Code Number