



DIGITALIS INVESTIGATION GROUP

CLOSEOUT FORM

Center Name: \_\_\_\_\_

Randomization Number _____/_____
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Date of Visit: Mo \_\_ Day \_\_ Yr \_\_

1. Did patient come to Closeout Visit? ..... Q1

A. If no, why? \_\_\_\_\_ Q1A\_SPE \_\_\_\_\_

2. Did you prescribe digoxin? ..... Q2

A. If yes, what dosage did you prescribe? ..... Q2A mg per day

B. If no, why:

\_\_\_\_\_ Q2B\_SPE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form (Please Print)