



CATT FOLLOW-UP STUDY

AMD External Visit Log

EL (110.1)
10/24/2013
Page ___ of ___

ID. No.: ___ - ___ Alpha Code: ___

1. Were medical records received for external ophthalmology exams?

☐₁ Yes

☐₀ No

Review the external medical records and record AMD-related eye exams below.
Use as many pages as needed.

Visit date (mm/dd/yy) *	Right Eye			Left Eye		
	Was AMD treatment performed?	AMD treatment code	If other AMD treatment describe	Was AMD treatment performed?	AMD treatment code	If other AMD treatment, describe
	Y N			Y N		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		

*If any part of the dates are unknown for the Month, Day or Year, enter 99 for each unknown value.

AMD Treatment Codes	
1 = Bevacizumab (Avastin)	5 = Macugen
2 = Ranibizumab (Lucentis)	6 = PDT
3 = Aflibercept (Eylea)	7 = Thermal laser
4 = Triamcinolone	8 = Other

PRINT Last Name of staff completing log: _____ Certification #: _____

Date log was completed: _____ - _____ - 201
Month Day Year