



CATT FOLLOW-UP STUDY

AMD Internal Visit Log

IL (108.1)
10/23/2013
Page ___ of ___

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

Instructions: Complete table below for all AMD-related care visits that occurred at your clinical center. Use as many pages as needed.

Visit date (mm/ddy/yy)	Right Eye			Left Eye		
	Was AMD treatment performed?		AMD treatment code	Was AMD treatment performed?		AMD treatment code
	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"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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