

**FLuorometholone as Adjunctive Medical Therapy for TT Surgery
(FLAME) Trial**

MISSED VISIT FORM

MV (021.1)
03/30/2021
Page 1 of 2



ID. No.: subjid- ____ Alpha Code: alpha_code Visit #: ____

NOTE: This form must be completed by the Study Team when the appointment window has closed and the visit did not occur (unless a Patient Death Form has been filed for the patient).

1. Which visit was missed? **mvvisit**

- a. Surgery (visit 2) _1
- b. 4 weeks (visit 3) _2
- c. 6 months (visit 4) _3
- d. 12 months (visit 5) _4

2. Reason this visit was missed?
(check all that apply)

- a. Unable to contact patient _1 **mvreason__1**
- b. Patient refused to return _1 **mvreason__2**
- c. Patient illness _1 **mvreason__3**
- d. Family member illness _1 **mvreason__4**
- e. Transportation problem _1 **mvreason__5**
- f. Clinic error _1 **mvreason__6**
- g. Scheduling difficulties _1 **mvreason__7**
- h. Moved too far from clinic _1 **mvreason__8**
- i. Temporarily out of area _1 **mvreason__9**
- j. Withdrew consent _1 **mvreason__10**
- k. Other _1 **mvreason__11**

k. Specify: mvreasonsp

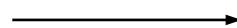
3. Has a new appointment been scheduled? **mvappt**

Yes _1



3A. Date of new appointment: ____ / ____ / 20__ **mvapptdtc**
Day Month Year

No _0



3B. If No, explain: **mvexplain**

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

4. Name and certification number of person completing form

a. PRINT Name: _____

b. Certification #: _____

5. Date form completed:

___ / ___ / 20___
Day Month Year

Data entry complete date: ___ / ___ / ___

Data Entry initials: _____