

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

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**

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



MISSED VISIT FORM

MV (021.1)

03/30/2021

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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: _____