NIH - BPH CLINICAL TRIAL DISPENSE LABEL REPORT MEDICATION RUN-IN

Clinic number Screening number S Date dispensed	d month	day	year
Remove the labels from all run-in medications before dispensing and affix here.			
DOXAZOSIN LABEL			
FINASTERIDE LABEL			

Initials of person completing form I last

NIH - BPH CLINICAL TRIAL DISPENSE LABEL REPORT QUARTERLY VISITS

Clinic number Patient no	umber		Date dispensed			
Remove the labels from all medication	ons before dispe	nsing and a	iffix here.	month	day	year
DOXAZOSIN LABE	L	If not d	ispensed, check her	е		
FINASTERIDE LABE	L	If not o	ispensed, check her	е		
Clinic number Patient no		nsing and a	Date dispensed	month	day	year
DOXAZOSIN LABE	L	If not o	ispensed, check her	e		
FINASTERIDE LABE	L	If not o	ispensed, check her	е		
Clinic number Patient no		nsing and a	Date dispensed	month	day	year
DOXAZOSIN LABE	Ĺ	If not d	ispensed, check her	e		
FINASTERIDE LABE	L	If not o	ispensed, check her	е		
Clinic number Patient no		nsing and a	Date dispensed	month	day	year
DOXAZOSIN LABE	L	If not o	ispensed, check her	е		
FINASTERIDE LABE	L	If not o	ispensed, check her	е		
Initials of person completing f		last				

NIH - BPH CLINICAL TRIAL DISPENSE LABEL REPORT INTERIM VISITS

Clinic number Patient number	Date dispensed
Remove the labels from all medications before dispe	month day year nsing and affix here.
DOXAZOSIN LABEL	If not dispensed, check here
FINASTERIDE LABEL	If not dispensed, check here
Clinic number Patient number Remove the labels from all medications before dispe	Date dispensed month day year nsing and affix here.
DOXAZOSIN LABEL	If not dispensed, check here
FINASTERIDE LABEL	If not dispensed, check here
Clinic number Patient number Remove the labels from all medications before dispe	Date dispensed
DOXAZOSIN LABEL	If not dispensed, check here
FINASTERIDE LABEL	If not dispensed, check here
Clinic number Patient number Remove the labels from all medications before dispe	Date dispensed
DOXAZOSIN LABEL	If not dispensed, check here
FINASTERIDE LABEL	If not dispensed, check here
Initials of person completing form first	last

NIH - BPH CLINICAL TRIAL

DISPENSE LABEL REPORT

TITRATION INITIATION

Clinic number Patient number		Date dispensed				
			month	day	year	
Remove the labels from all titration medications bef	ore dispens	ing and affix here.				
DOXAZOSIN LABEL - DOSE A	If not o	dispensed, check here	е 🗌			
DOXAZOSIN LABEL - DOSE B	If not o	dispensed, check here	е 📗			
DOXAZOSIN LABEL - DOSE C	If not o	dispensed, check here	е 📗			
FINASTERIDE LABEL	If not o	dispensed, check here	е			
	ON WEEK :					
Clinic number Patient number		Date dispensed	month	day	year	
Remove the labels from all titration medications before dispensing and affix here.						
DOXAZOSIN LABEL - DOSE D	If not o	dispensed, check here	е			
TITDATI	ON WEEK	1				
Clinic number Patient number	ON WEEK	Date dispensed	month	day	year	
Remove the labels from all titration medications bef	ore dispens	ing and affix here.				
DOXAZOSIN LABEL	If not o	dispensed, check here	е			
Initials of person completing form first	last					