

RESTART TREATMENT ORDER

PART I: IDENTIFYING INFORMATION

- | | |
|---|---|
| 1. Patient's ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ID | 2. Current Clinic: <input type="text"/> <input type="text"/> SITE |
| 3. Patient's Letter Code: <input type="text"/> <input type="text"/> <input type="text"/> INITS | 4. Visit: <input type="text"/> <input type="text"/> <input type="text"/> VISIT - <input type="text"/> <input type="text"/> sequence # SEQNO |
| 5. Date of Order: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> VIS_DT | Month Day Year |

PART II:

- | | | |
|--|---------|------------------------|
| 1. Type of restart | | RESTRTTY |
| Wait until next clinic study visit | (1) | |
| Restart now with present prescription | (2) | |
| 2. Did patient's caregiver receive and understand instruction? | (1) YES | (2) NO PATUNSTN |

PART III. COORDINATION

- | | | |
|--|--|-----------------|
| 1. Checked for completeness and accuracy: | | |
| A. Certification number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | | CERT_NO |
| B. Signature: _____ | | CERT_SIG |
| C. General Comments: | | GEN_CMNT |