

<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> ✖ Logo </div>	<h1 style="margin: 0;">Study Drug Dosing</h1>	<h2 style="margin: 0;">{visit.label}</h2>
		ID: {ID}

Enter a new dose record for any change in study drug dosing during the course of the study.

Total Daily Dose Prescribed		<input type="button" value="Remove"/>
Bottle Number Used For This Dose	Reason for Dose	Dose Start Date
<input type="text" value="DRLG:DOSE"/> mg	<input type="checkbox"/> (DRLG:REASON) As per protocol <input type="checkbox"/> (DRLG:REASON) Adverse event and/or lab/test abnormality <input type="checkbox"/> (DRLG:REASON) Dosing error <input type="checkbox"/> (DRLG:REASON) Other, specify: <input type="text" value="DRLG:OTH_SP"/>	<input type="text" value="DRLG:STARTDA"/> / <input type="text" value="DRLG:STARTMO"/> / <input type="text" value="DRLG:STARTYR"/> Day Month Year
<input type="text" value="DRLG:BOTNUM"/>		Dose End Date
		<input type="text" value="DRLG:STOPDA"/> / <input type="text" value="DRLG:STOPMO"/> / <input type="text" value="DRLG:STOPYR"/> Day Month Year
Comment: <input type="text" value="DRLG:DCOMM"/>		

Comments for page:

<input type="button" value="Submit Query"/>	<input type="button" value="Cancel"/>	Form Completion Help	<input type="button" value="Print"/>	<input type="button" value="✖ Rho"/>
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