

TREATMENT ONLY Photograph Inventory Form

Clinic #: _____ TRPIF 002.2 10/11/00 Page 1 of 1

Only for photographs taken following treatment

Instructions: The Clinic Coordinator should complete this form *only* for photographs obtained following treatment and submitted to the Reading Center. For Visit Type and Visit #, check the valid CAPT visit codes listed on the Photograph Transmittal Log.

A. PATIENT INFORMATION

ID #: C Name Co	ode: Visit Type			: Visit #:		
Date of Visit*: Month Day Year *For treatment at IV, date of randomization; for Date of Treatment: Month Day Year	or treatment at			Right Left		
B. PHOTOGRAPHS:						
Color stereo pairs: Check at least one box for each pair1. Macula	Right			Comments:		
2. Red-free Macula		□ 1				
3. Disc		1				
4. Extra Field	\square_1	\square_1				
Date photographs were taken: Color photographs	None Taken: Photographer Cert. # Photographer Cert. #					
Month C. ADMINISTRATIVE INFORMA Prepared by: Please print name FAX #:	TION	Cert #:		Date: Month Day Year Site #		
Date Received at Reading Center:			Reading C	enter Notice Sent:		
Mont <u>Mont</u> Mont	h Day Yea		Dhotogram	hs Returned to Clinic:	Yes	No Do
-	h Day Yea		r notograp	ins Actualitien to Chille;	∐ 1 Yes	∟ ₀ No
Data Entry Complete 🔲 1	-					