VISIT MONTH

00 (Initial Visit)
03
06
12
15
18
24
30
36
42
48
54
60
66
72
XX (Code for non-protocol visit or not applicable)

FORM / PHOTOGRAPH   DESCRIPTION

FORM / PHOTOGRAPH	DESCRIPTION
DS	Dietary Supplements Form
EC	Error Correction
EQ	Edit Query
EX	Exudative Event
FV	Follow-up Visit
IV	Initial Visit
MV	Missed Visit
OV	Outside Visit
PD	Patient Death
PS	Patient Search
QL	Quality of Life
SV	Safety Visit
TE	FV12 Treatment
TL	Telephone Visit
TR	Initial Laser Treatment
XF	Exit Interview