Concomitant Medications Form

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| **STUDY NAME** | |
| **Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pt\_ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **This form is cumulative and may be used to capture concomitant medications of a single participant throughout the study.** |

**At end of study only: Check this box if participant took no concomitant medication Checkbox. None**

| **Medication** | **Indication** | **Dosage** | **Start**  **Date** | **Stop Date** | **Ongoing?** |
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