

NIH - BPH CLINICAL TRIAL  
DISPENSE LABEL REPORT  
MEDICATION RUN-IN

Clinic number  Screening number **S** Date dispensed   
month day year

Remove the labels from all run-in medications before dispensing and affix here.

DOXAZOSIN LABEL

FINASTERIDE LABEL

Initials of person completing form

first last

NIH - BPH CLINICAL TRIAL  
DISPENSE LABEL REPORT  
QUARTERLY VISITS

Clinic number  Patient number  Date dispensed   
month day year

Remove the labels from all medications before dispensing and affix here.

DOXAZOSIN LABEL

If not dispensed, check here ☐

FINASTERIDE LABEL

If not dispensed, check here ☐

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month day year

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DOXAZOSIN LABEL

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FINASTERIDE LABEL

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month day year

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DOXAZOSIN LABEL

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FINASTERIDE LABEL

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FINASTERIDE LABEL

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Initials of person completing form

first last

NIH - BPH CLINICAL TRIAL  
DISPENSE LABEL REPORT  
INTERIM VISITS

Clinic number  Patient number  Date dispensed   
month day year

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DOXAZOSIN LABEL

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FINASTERIDE LABEL

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Initials of person completing form

first last

NIH - BPH CLINICAL TRIAL

DISPENSE LABEL REPORT

TITRATION INITIATION

Clinic number  Patient number  Date dispensed   
month day year

Remove the labels from all titration medications before dispensing and affix here.

DOXAZOSIN LABEL - DOSE A

If not dispensed, check here ☐

DOXAZOSIN LABEL - DOSE B

If not dispensed, check here ☐

DOXAZOSIN LABEL - DOSE C

If not dispensed, check here ☐

FINASTERIDE LABEL

If not dispensed, check here ☐

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TITRATION WEEK 3

Clinic number  Patient number  Date dispensed   
month day year

Remove the labels from all titration medications before dispensing and affix here.

DOXAZOSIN LABEL - DOSE D

If not dispensed, check here ☐

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TITRATION WEEK 4

Clinic number  Patient number  Date dispensed   
month day year

Remove the labels from all titration medications before dispensing and affix here.

DOXAZOSIN LABEL

If not dispensed, check here ☐

Initials of person completing form

first last