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Site Number

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Subject Number

**Form PR - Procedures****1 PR - Procedures**

1.1	Were any surgical, therapeutic, or diagnostic procedures performed?	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	<b>PRYN</b>										
1.2	Procedure Name		<b>PRTRT</b>										
1.3	Start Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>PRSTDAT</b>
1.4	Ongoing	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	<b>PRONGO</b>										
1.5	End Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>PRENDAT</b>
1.6	Indication		<b>PRINDC</b>										