

ご使用になるFAX機の「原稿の画質」は「写真」ではなく「文字」で送信してください。

70003

Pharmacist → Patient → Pharmacist → FAX to RevMate® Center: 0120-021-507 (toll free)
TEL: 0120-071-025 (toll free)

RevMate® Patient Survey Sheet

Male A

Mark inside the box .

To check, insert circle in an appropriate box, like .

This sheet is to confirm compliance with the procedures for RevMate®.

Please confirm your RevMate® patient ID and your birth of date already entered is correct, then, complete the questionnaire, and submit it to prescribing physician or pharmacist.

Your personal information described in this Sheet will only be used for the purpose of the RevMate® program and will be kept strictly confidential.

Questionnaire for men in Male A Category

Please answer the following questions based on what you have actually done in the last two months. (You must enter a circle in either box for each of the questions below.)

Please acknowledge that this questionnaire is designed for all patients falling into Male A Category; thus, some items may not be applicable to your daily living.

Example	Have you stored and managed the drug appropriately?	Appropriately managed <input type="checkbox"/>	Not appropriately managed <input type="checkbox"/>
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Questions		Answers	
1	Have you stored and managed the drug appropriately?	Appropriately managed <input type="checkbox"/>	Not appropriately managed <input type="checkbox"/>
2	During the last two months, have you avoided sexual intercourse or used the specified contraceptive method?	Avoided sexual intercourse or appropriately contracepted <input type="checkbox"/>	Not appropriately contracepted <input type="checkbox"/>
3	Have you given the drug to somebody else or discarded? * If you have returned the remaining capsules to the prescribed in-house pharmacy, note that it does not mean "given" or "discarded."	Have not given or discarded <input type="checkbox"/>	Have given or discarded <input type="checkbox"/>
4	Have you lost the drug?	Have not lost <input type="checkbox"/>	Have lost <input type="checkbox"/>

Questionnaire completion date	Name of the patient *
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**"Name of the patient" field is processed to be blacked out when faxing.

This is the end of the questionnaire. Thank you for your cooperation.

薬剤師記入欄	RevMate® の患者ID	<input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>									
	患者さんの生年月日	大正 昭和 平成 西暦	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>	年	<input type="text" value="8"/> <input type="text" value="8"/>	月	<input type="text" value="8"/> <input type="text" value="8"/>	日			
	薬局ID	<input type="text" value="8"/>								医療機関名	
	定期確認票交付日	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>	年	<input type="text" value="8"/> <input type="text" value="8"/>	月	<input type="text" value="8"/> <input type="text" value="8"/>	日	定期確認票交付番号 (RevMate® 遵守状況確認票受領連絡書に記載)	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>		
	担当薬剤師名		連絡先 TEL	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> - <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> - <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>							

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70004

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RevMate® Patient Survey Sheet

Female C

Mark inside the box .

To check, insert circle in an appropriate box, like .

This sheet is to confirm compliance with the procedures for RevMate®.

Please confirm your RevMate® patient ID and your birth of date already entered is correct, then, complete the questionnaire, and submit it to prescribing physician or pharmacist.

Your personal information described in this Sheet will only be used for the purpose of the RevMate® program and will be kept strictly confidential.

Questionnaire for women in Female C Category

Please answer the following questions based on what you have actually done in the last one month. (You must enter a circle in either box for each of the questions below.)

Please acknowledge that this questionnaire is designed for all patients falling into Female C Category; thus, some items may not be applicable to your daily living.

Example	Have you stored and managed the drug appropriately?	Appropriately managed <input type="checkbox"/>	Not appropriately managed <input type="checkbox"/>
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Questions		Answers	
1	Have you stored and managed the drug appropriately?	Appropriately managed <input type="checkbox"/>	Not appropriately managed <input type="checkbox"/>
2	During the last one month, have you avoided sexual intercourse or used the specified contraceptive method?	Avoided sexual intercourse or appropriately contracepted <input type="checkbox"/>	Not appropriately contracepted <input type="checkbox"/>
3	Have you given the drug to somebody else or discarded? <small>* If you have returned the remaining capsules to the prescribed in-house pharmacy, note that it does not mean "given" or "discarded."</small>	Have not given or discarded <input type="checkbox"/>	Have given or discarded <input type="checkbox"/>
4	Have you lost the drug?	Have not lost <input type="checkbox"/>	Have lost <input type="checkbox"/>

Questionnaire completion date		Name of the patient	*
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**"Name of the patient" field is processed to be blacked out when faxing.

This is the end of the questionnaire. Thank you for your cooperation.

薬 剤 師 記 入 欄	RevMate®の患者ID	<input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>									
	患者さんの生年月日	大正 昭和 平成 西暦	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>	年	<input type="text" value="8"/> <input type="text" value="8"/>	月	<input type="text" value="8"/> <input type="text" value="8"/>	日			
	薬局ID	<input type="text" value="8"/>								医療機関名	
	定期確認票交付日	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>	年	<input type="text" value="8"/> <input type="text" value="8"/>	月	<input type="text" value="8"/> <input type="text" value="8"/>	日	定期確認票交付番号 (RevMate®遵守状況確認票受領連絡書に記載)	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>		
	担当薬剤師名		連絡先TEL	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> - <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> - <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="8"/>							