Orilissa Treatment

Orilissa Treatment Details

[Revision: Initial revision of study]

(Visit ID = 80 / Visit Display Name = Orilissa Treatment / Visit Abbrev = TRT / PageID = 10 (*) / Page Display Name = Orilissa Treatment Details / Description = Orilissa Treatment)

Sequence number		
* Date of Contact		(DD-MMM-YYYY)
* Reporter of Information	○ Patient ○ Obstetrician ○ Gynecologist ○ Infant healthcare provider ○ Other	
* Other, Specify		
* Start Date		(UNK-UNK-UNK)
* Ongoing	○ No ○ Yes	
* End Date		(UNK-UNK-UNK)
* Dose (mg)	○ 150 mg QD ○ 200 mg BID	
* Indication	○ Endometriosis ○ Other	
* Other, specify		

* Reason for discontinuation	○ Adverse Event ○ Patient decision ○ Lack of efficacy ○ Physician decision ○ Pregnancy ○ Other
* Other, specify	