

INSTRUCTIONS & DOCUMENTS

User Guide and Instructions



DM-ACTION Synopsis



Central Ethics Approval Letter

PHYSICIAN SPECIFIC
REQUIREMENTSMemorandum of
Understanding (MOU)

Payee Form



3

Blood Pressure Profile and Management
Most Recent Visit

ID: 10

Blood Pressure: **Systolic** 120.00 mmHg **Diastolic** 60.00 mmHg
Most Recent Visit

Blood Pressure Therapy:

Check ALL that APPLY or Select "None of the Above" in the "Most Recent Visit" column	Previous Visit	Most Recent Visit
α-blocker	<input type="checkbox"/>	<input type="checkbox"/>
ACE Inhibitor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARB	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Beta Blocker	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Channel Blocker	<input type="checkbox"/>	<input type="checkbox"/>
Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
Combination Therapy		
ACE Inhibitor + Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
ARB + Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
Beta Blocker + Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Channel Blocker + ACE Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Channel Blocker + ARB	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above	<input checked="" type="checkbox"/>	<input type="checkbox"/>