

Study 3300 - Participant Record Sheet

Name	Today's Date (dd/mm/yyyy)	OFFICE USE ONLY VISIT: <input type="checkbox"/> 1 (Baseline) <input type="checkbox"/> 2 (3 months) <input type="checkbox"/> 3 (6 months) Inconven. Fee:
Address	Telephone (Cell)	
	Telephone (Home/Work)	
	Email	

PERSONAL INFORMATION					
Birth Date (dd/mm/yyyy)	Most Affected Hand (as per clinician)	Height (cm)			Weight (kg)
		1.	2.	3.	
Male / Female		Avg =			Avg =

HISTORY		
ID	Relevant fractures/surgeries:	Metal present in VOI:
LMP:		
Preg?:	Recent Medical Imaging	

SCAN RECORD								
XCT2	Sample #	Meas #	Control File	Reference Line Value	Scout Saved?	Side	Comments	Tech

STUDY ID: _____