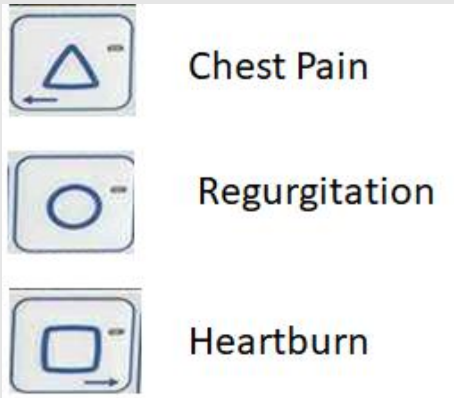
BRAVO PATIENT DIARY

Receiver#_______

Stopped Antacids During Study: ___Y ____N



Start Date/Time _____:____End Date/Time ____:____

Patient Label:

If you have questions or concerns:
410-224-4887

Start Time **Date:**	End Time	△	○	□	Meal	Sleep	Other	Comments

Start Time Date:	End Time	△	○	□	Meal	Sleep	Other	Comments