

GLYTACTIN™ Early Experience

Centre: _____

E-mail: _____

Dietitian: _____

Patient Initials: _____

One month on Glytactin Build

Date: _____

Serum Phe level: _____ $\mu\text{mol/L}$

Serum Tyr level: _____ $\mu\text{mol/L}$

Diet Prescription: _____

PKU Formula Prescription: _____

GI Symptoms with Glytactin Formula: (choose all that apply)

Heartburn Reflux Vomiting Stomach Cramps
Gassiness/bloating Diarrhea Constipation None
Other, please specify:

Level of Satiety with Glytactin:

Rarely hungry Hungry prior to mealtime Frequently hungry

Is patient remaining on Glytactin: Yes No

Why/why not:

Any other comments: