

SENSITIVE TEETH STUDY

Patient Contact Form – (Enrollment/Baseline Visit)

Visit Date: |__|_|/|__|_|/|_2_|_0_|_|_1_|_|
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CONTACT INFORMATION

The following information will be kept separate from your research record to protect your privacy. This information will only be used to contact you in the future for reminder calls, emails and follow-up questions as needed, and for mailing your payments after study-related assessments are completed.

PLEASE PRINT CLEARLY USING ALL CAPITAL LETTERS

1. First Name: _____ Last Name: _____
 2. Home Address: _____
 3. City: _____ State: _____ Zip: |_|_|_|_|_|
 4. Please provide the best phone number to reach you: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|
- ➔ This number is your: Home phone Work phone Mobile phone
5. Please provide your email address (if you have one): _____
 6. You have the option of completing your follow-up study assessments online or on paper.
How would you like to complete the follow-up study assessments? **Please check ONE:**

Online (Automated study reminders will be sent by email. **Email address required** in question 5 above.) **SKIP TO #7**

OR

Paper sent via mail (postage paid envelope provided)

For paper only; Please indicate the best method for sending you automated study reminders.
Please check ONE:

A call to the phone number provided in question 4 above

A text message to (standard rates apply): |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

7. Please specify preferred language: English Spanish
8. Please provide contact information of a friend or family member **who lives at a different address** and would know how to contact you. Please let them know that you are in a study. We will contact them only if we cannot reach you.
Name: _____ Relationship: _____
Phone: _____ E-mail address: _____

Please leave this form with your dentist's staff. Thank you!