

Patient Screening

English or Spanish Start Time: _____

Is this enrollment for training/demo purposes?

Yes, this is a demo patient

Note: You are about to create a demo patient. This feature is intended for training purposes only. If you clicked on this option by mistake, you can reset it by clicking reset link on the right

Patient Screening

Is the patient age ≥ 18 years, except in Nebraska where consent is age ≥ 19 years?

- Yes
 No

Has the patient already been enrolled in the study?

- Yes
 No

Does the patient anticipate being able to return for a clinic follow-up in approximately 12 months?

- Yes
 No

Is the patient able to provide contact information for one person with a different phone number?

- Yes
 No

Does the patient have internet access and is willing to complete the questionnaires electronically?

- Yes
 No

Is the patient willing to provide consent?

- Yes
 No

Is able to read in English or Spanish?

- Yes
 No

What is the patient's preferred language?

- English
 Spanish

Is the tooth receiving root canal treatment a permanent tooth?

- Yes
 No

Does the tooth have evidence of prior endodontic access?

- Yes
- No

Sorry, but the patient is not eligible for this study.
Please click the "submit" button below.

English or Spanish End Time:
