	The National Dental Practice-Based Research Network		REAS	SOCL - Consecutive Eligible Patient Log: Verbal Consent (Pre-Intervention Phase)				nsent	Practitioner Name: Practitioner ID: CONSENTED PATIENTS ONLY			
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s) th			5 benefit used		Date Consented (MM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)		
1									Dentist* initials	Place sticker here		
2									Dentist* initials	Place sticker here		
3									Dentist* initials	Place sticker here		
4									Dentist* initials	Place sticker here		

	The National Dental Practice-Based Research Network		REAS		SOCL - Consecut Patient Log: Ver (Pre-Interventi PR NON CONSENT	bal Con	isent	Practitioner Name: Practitioner ID: CONSENTED PATIENTS ONLY			
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s) given wit an"X"	h	No time of the privacy	oncerns benefit ic used	it aat	Date Consented (MM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)		
5								Dentist* initials	Place sticker here		
6								Dentist* initials	Place sticker here		
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8								Dentist* initials	Place sticker here		

_	The National Dental Practice-Based Research Network		REAS	SOCL - Consecutive Eligible Patient Log: Verbal Consent (Pre-Intervention Phase) EASONS FOR NON CONSENT					Practitioner Name: Practitioner ID: CONSENTED PATIENTS ONLY			
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s)) th			///	t oo	Date Consented (MM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)		
9									Dentist* initials	Place sticker here		
10									Dentist* initials	Place sticker here		
11									Dentist* initials	Place sticker here		
12									Dentist* initials	Place sticker here		

	The National Dental Practice-Based Research Network		REAS		SOCL - Consecutive Eligible Patient Log: Verbal Consent (Pre-Intervention Phase)				Practitioner Name: Practitioner ID: CONSENTED PATIENTS ONLY			
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s given wit an"X"	th	No time No Privect	concerns perceiver poesn't	benefit used	anti-ast	Date Consented (MM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)		
13									Dentist* initials	Place sticker here		
14									Dentist* initials	Place sticker here		
15									Dentist* initials	Place sticker here		
16									Dentist* initials	Place sticker here		

_	The National Dental Practice-Based Research Network		REAS	SONS F	Pati (P	CL - Consecuti ent Log: Verk Pre-Interventic ON CONSENT	bal Cor	nsent		Practitioner Name: Practitioner ID: ENTED PATIENTS ONLY	PINK
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s) th			////		Date Consented (MM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)	
17									 Dentist* initials	Place sticker here	
18									Dentist* initials	Place sticker here	
19									Dentist* initials	Place sticker here	
20									Dentist* initials	Place sticker here	

	The National Dental Practice-Based Research Network		REAS	SOCL - Consecut Patient Log: Ver (Pre-Interventi OR NON CONSENT	bal Conser	nt		Practitioner Name: Practitioner ID: ENTED PATIENTS ONLY	PINK
	CONSENTED (YES/NO) (If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)	Mark reason(s)		to sett even	Dat Kast (M	te Consented IM-DD-YYYY)	Verification of verbal consent by trained *dentist or other staff authorized to perform consent	Subject ID/ Patient Name (First, Last, Suffix)	
21							 Dentist* initials	Place sticker here	
22							 Dentist* initials	Place sticker here	
23							 Dentist* initials	Place sticker here	
24							 Dentist* initials	Place sticker here	