



## CONTACT INFORMATION

The following information will be kept separate from your answers to protect your privacy.

This information will be sent directly to research staff and will only be used to contact you in the future for reminder calls, follow up questions, and mailing your compensation at 1 week, 3 months, and 6 months. Mailing may take 4-6 weeks after the receipt of each survey.

### PLEASE PRINT YOUR INFORMATION

Date   /   / 201   
mm dd y

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

The best time to call is \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please provide a contact name and phone number of a friend or relative who lives at a different address so that we may contact him/her in case we cannot reach you:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

***Please leave this form with your dentist's staff.***