This is a sample form. Please do not complete this form.

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FACTORS FOR SUCCESSFUL CROWNS Consecutive Eligible Patient Log: Verbal Consent
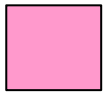
Practitioner Name: _____

Practitioner ID: _____

PINK

	CONSENTED (YES/NO) *(If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)*	REASONS FOR NON CONSENT **Mark reason(s) given with an "X"**						CONSENTED PATIENTS ONLY		
		No interest	No time	Privacy concerns	No perceived benefit	No reason given	Unknown: Did not ask	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*

This is a sample form. Please do not complete this form.

FACTORS FOR SUCCESSFUL CROWNS Consecutive
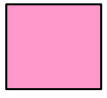# Eligible Patient Log: Verbal Consent

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PINK

		REASONS FOR NON CONSENT							CONSENTED PATIENTS ONLY		
	CONSENTED (YES/NO) *(If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)*	**Mark reason(s) given with an"X"** No interest	No time	Privacy concerns	No perceived benefit	No reason given	Unknown: Did not ask		**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*
7										_____ *Dentist* initials*	*Place sticker here*
8										_____ *Dentist* initials*	*Place sticker here*

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9										_____ Dentist* initials	*Place sticker here*
10										_____ Dentist* initials	*Place sticker here*
11										_____ Dentist* initials	*Place sticker here*
12										_____ Dentist* initials	*Place sticker here*

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Eligible Patient Log: Verbal Consent
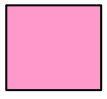
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13										_____ *Dentist* initials*	*Place sticker here*
14										_____ *Dentist* initials*	*Place sticker here*
15										_____ *Dentist* initials*	*Place sticker here*
16										_____ *Dentist* initials*	*Place sticker here*

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17									_____ *Dentist* initials*	*Place sticker here*
18									_____ *Dentist* initials*	*Place sticker here*
19									_____ *Dentist* initials*	*Place sticker here*
20									_____ *Dentist* initials*	*Place sticker here*

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21										_____ Dentist* initials	*Place sticker here*
22										_____ Dentist* initials	*Place sticker here*
23										_____ Dentist* initials	*Place sticker here*
24										_____ Dentist* initials	*Place sticker here*