



SOCL - Consecutive Eligible Patient Log: Verbal Consent (Pre-Intervention Phase)

Practitioner Name: _____



PINK

Practitioner ID: _____

		REASONS FOR NON CONSENT						CONSENTED PATIENTS ONLY		
CONSENTED (YES/NO) <i>(If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)</i>		Mark reason(s) given with an "X" <i>No interest</i> <i>No time</i> <i>Privacy concerns</i> <i>No perceived benefit</i> <i>Doesn't want device used</i> <i>No reason given</i> <i>Unknown: Did not ask</i>						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									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
2									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
3									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
4									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>



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6									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
7									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
8									_____ <i>Dentist* initials</i>	<i>Place sticker here</i>



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10										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
11										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
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13										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
14										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
15										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
16										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>



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17										_____ Dentist* initials	Place sticker here
18										_____ Dentist* initials	Place sticker here
19										_____ Dentist* initials	Place sticker here
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21										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
22										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
23										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>
24										_____ <i>Dentist* initials</i>	<i>Place sticker here</i>