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

The National Dental Practice-Based Research Network — The nation's network

PINK

Practitioner Name: _____

Practitioner ID: _____

	CONSENTED (YES/NO) *(If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)*	REASONS FOR NON CONSENT							CONSENTED PATIENTS ONLY		
		Mark reason(s) given with an "X"	No interest	No time	Privacy concerns	No perceived benefit	Doesn't want device used	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*

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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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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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Log: Verbal Consent
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	CONSENTED (YES/NO) *(If No, Enter Reasons for Non Consent; If Yes, Complete Section for Consented Patients)*	**REASONS FOR NON CONSENT**							**CONSENTED PATIENTS ONLY**		
		Mark reason(s) given with an "X"	No interest	No time	Privacy concerns	No perceived benefit	Doesn't want device used	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)
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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		No interest	No time	Privacy concerns	No perceived benefit	Doesn't want device used	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)
21										_____ *Dentist* initials*	*Place sticker here*
22										_____ *Dentist* initials*	*Place sticker here*
23										_____ *Dentist* initials*	*Place sticker here*
24										_____ *Dentist* initials*	*Place sticker here*