

September 18, 2018

## **Consent Form for Case Reports**

### **Patient Satisfaction Survey on Digital Methods of Denture Fabrication**

Doctor's Name \_\_\_\_\_  
Phone # \_\_\_\_\_

You are being asked to consider allowing (doctor's name) \_\_\_\_\_ to use information about your new full dentures. This form explains the purpose of collecting feedback on your dentures fabricated with Digital methods. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this evaluation is to collect information about the newly fabricated dentures in regard to fit as well as your and your dentist's satisfaction in regard to esthetics and function. The method is an approved technology and FDA approved materials are used to complete your dentures.

Your information is used internally to optimize the processes for creating dentures. Therefore, you are asked to answer a survey after final delivery of the denture to learn about objective parameters, e.g. fit, occlusion, and your subjective impression.

\_\_\_\_\_ is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When information is provided or presented, your identity will not be disclosed.

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with the associated survey that could result in a loss of confidentiality by virtue of your unique experience.

You will not directly benefit from participating in this survey. The information that can be shared with the manufacturer, however, may improve the care that is received by others in the future.

Allowing your information to be used in this survey will not involve any additional costs to you. You will not receive any compensation, but the dental material and products used in the treatment associated with evaluation are free of charge to you.

Taking part in this survey is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the survey is submitted it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive.

You will be told about any new information relating to this survey that may affect you.

Your signature below means that you have read the above information about this evaluation and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this survey in this manner and according to the terms and conditions set forth herein.

If you have any questions please contact:  
Kathleen Catanzaro, CDT Education Specialist  
609-845-8457

Signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_