Pt#: \_\_\_

**Doctor’s Check List of Completed Attachments (00c)**

**For All Patients:**

* Research Subject Information Consent Form (2) **has to be signed, completed and returned** to us (check if *initial* patient contact information is on signature page 2)
* Doctor’s Instruction Interview In Person (00a)
* Doctor’s Instruction Interview by Phone (00b)
* Medical Risk Factors Questionnaire Interview (4a) 🞏 Dental Risk Factors Questionnaire Interview (5a)
* Medication Risk Factors Questionnaire Interview (4b) 🞏 Timeline of Jaw Pain Document (5b)
* Assign Patient’s Number (6)

**For “Yes” Patients:**

* Get *detailed* Patient Contact Information (0)
* Send Patient’s Instruction Sheet for ONJ Study (000)
* Send Informed Consent for Blood Draw (7)
* Send Doctor’s Order/Laboratory Instructions Sheet (10)
  + Sign and date the Doctor’s Order before you give it to patient
  + Make a copy of *signed* Doctor’s Order and file in green envelope
  + (N.B. the original Doctor’s order should be returned to us, so that date of blood draw and location of samples can be tracked)
* Have patient sign and return HIPAA (3)
  + Put *signed* copy in patient’s green file envelope
  + Have secretary forward the *signed* HIPAA to the patient’s provider
  + Review medical records. Date reviewed \_\_\_/\_\_\_/\_\_\_\_\_
  + Review dental records. Date reviewed \_\_\_/\_\_\_/\_\_\_\_\_
  + Did the review of Medical/Dental records change the Patient Number you originally signed?

If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

* Complete Laboratory Results Form/Interview (8)
* Discuss lab results with the patient
* Log lab results on Attachment (9)
* Forward lab results and copies of Attachments 2, 4a, 4b, 5a and 9 to Drs. McMahon/Hajjar
* Patient’s Numbered Green File Envelope: to be complete, each envelope should have Attachments 0, 2, 3, 4, 5, 7, 8, 10

**For “Q” Patients:**

* See above for all patients being evaluated (2, 00, 4, and 5)
* Have patient *sign* and *return* HIPAA (3)
  + Put *signed* copy in patient’s green file envelope
  + Have secretary forward HIPAA to providers
  + Review medical records. Date reviewed \_\_\_/\_\_\_/\_\_\_\_\_
  + Review dental records. Date reviewed \_\_\_/\_\_\_/\_\_\_\_\_
  + Re-evaluate every 4-6 weeks for change in patient’s status

**For “No” Patients”:**

* Explain to patient why he/she is no longer in the study; disqualify from study
* Patient’s numbered envelope, where 2, 4, and 5 will be maintained by individual investigators until the end of study.

*Attachment 00c*