

Entry Health Questionnaire - Clinician

Protocol: Multicenter Trial of CPE for Maxillofacial Prosthetics

Visit 1 Collection Date: (mm/dd/yy): - - Visit 3 Review/Update Date: (mm/dd/yy): - -

Date of Birth: Age: Height: Weight: Gender: ☐ male ☐ female

1. Patient's medical diagnosis for prosthetic services:

Approximate size of treatment area: x Location of treatment area:

If patient is a previous prosthesis user, how long have they been wearing prostheses? years

Race and Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Unknown or not reported |

Were craniofacial implants ever considered for retention of the patient's prosthesis? ☐ yes ☐ no

If yes, why was the patient not a candidate for implants?

- ☐ Not covered by insurance
- ☐ Cost to patient
- ☐ High radiation doses to bone
- ☐ Patient desires/concerns
- ☐ Poor cancer prognosis
- ☐ Age and poor health
- ☐ Previously failed implants

Current medications:

Drug Name	Dosage	Start Date	Indication

Subject No.	Site Code	Visit	Visit Date	CRF Page
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