Clinical Research Studies
Now being conducted at Advanced Clinical Research,
A Division of Medford Women's Clinic

Patient Name (please print): _____
First name Middle Initial Last name

Home Phone: _____ Cell Phone _____

Date of Birth: _____ Age now: _____

Best time to contact you: _____

We are interested in finding out what types of research studies **you and your family** would be interested in.

Please complete the following in order for us to better serve you:

- ☐ Vulvar Vestibular Syndrome
- ☐ Osteoarthritis
- ☐ Over Active Bladder
- ☐ GERD
- ☐ Endometriosis Study
- ☐ Hot Flash Study
- ☐ Dermatology
- ☐ Low back pain
- ☐ Female Sexual Disorders
- ☐ Fibromyalgia
- ☐ Oral Contraceptive
- ☐ Infertility
- ☐ Acid Reflux
- ☐ Male Sexual Disorders
- ☐ BV/VVC Study
- ☐ Obesity
- ☐ Diabetes II

☐ Others: _____

Do we have your permission to contact you regarding our Research Studies? ☐ Yes ☐ No

Signature: _____

Today's Date: _____

Thank you for taking the time to fill out this very important form.
Please call Denise at 864-8921 for more information