**Screening Log**

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| **Screening Number** | **Patient ID** | **Date** | **Patient Initials** | **Source of identification (eg. Ortho clinic, DXA)** | **Patient meets eligibility Y/N** | **If not, reason** | **Study info given/sent** | **Patient willing to participate Y/N** | **If no, reason** | **Appt. date** | **Comments** |
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