



AAOF Rapid Assessment of Evidence: Research Request Form

What is your concern about the orthodontic product/appliance/technique of interest to you?

Name of manufacturer:

Name of product/appliance/technique:

How often do you use this product/appliance/technique in your office?

What sources have you consulted already? (please list all sources):

If Yes, what was the response?

Your contact details:

- **AAO membership #** _____
- **Name** _____
- **Office address** _____
- **City** _____
- **State** _____
- **Daytime telephone number** _____
- **Email** _____
- **Website** _____

AAOF may have questions about your concern/question. Can AAOF staff contact you regarding this?

- **Yes**
- **No**

Submit your questions to the AAO Foundation by mail, fax or email.

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