



Survey Center
211 East Chicago Avenue
Chicago, Illinois 60611

FIRST NAME, MI, LAST NAME, DDS
PRACTICE NAME (if applies)
ADDRESS
CITY, STATE ZIP

June 2007

Dear Doctor:

We recently sent you a *Survey on CDC's 2003 Infection Control Guidelines* to complete, but at the time of this mailing, we had not yet received your completed questionnaire. If you have already completed and returned this survey, we thank you for participating. However, if you have not yet completed and returned the questionnaire to us, we urge you to please take 15 minutes out of your day to make your thoughts known on this very important issue for your profession. The information provided by these data is critical to ongoing efforts to protect patients, dentists, and other dental health care workers from infection and injury occurring in the dental workplace.

We want to assure you that your responses will be kept secure, and once the data collection activity is completed (up to six months), your name and address will not be associated with your questionnaire. The identification number on the questionnaire is only used for tracking and follow-up purposes. Results from this project will be reported and published aggregated so no respondents will be identifiable. Neither will identifying information be released to other ADA agencies or to any outside groups. If you have any questions, please call (312) 440-2568.

Sincerely,

Karen Schaid Wagner
Director
ADA Survey Center