

## Cohort Selection Request form

The purpose of this form is for Apple Tree Dental to gather initial data requirements to generate Power BI descriptive reports of population of research interest. These reports showcase descriptive values of interest regarding Apple Tree Dental service delivery volume, patient reach, and care value, as well as characteristics of dental services, patients, and workforce. For example, if you are interested in a sample of adults who were seen in any of the Apple Tree Dental locations in 2018, please indicate "2018" in Step 1, indicate "ALL" in Step 2 and lastly, select "adult" under the age category. There are two ways to submit this request.

\* Required

### Requestor Information

1. Please enter the requestor's name

2. Please enter the requestor's affiliation

Ex. Academic institution, employer, etc.

3. Please enter the requestor's email address

4. Please enter the requestor's phone number

## STEP 1

Please select the service year/ range of service years of interest.

5. Service Year/ Range of service years: \*

6. Rationale for request: \*

## STEP 2

Apple Tree Dental provides care to underserved population across the state of Minnesota through its Clinics and mobile delivery system (Community Collaborative Practice). If you are interested in...

7. Please select from the following \*

- ☐ ALL- Services provided at Apple Tree Dental Clinic and Community Collaborative Practice
- ☐ Services provided ONLY at an Apple Tree Dental Clinic
- ☐ Services provided at Community Collaborative Practice

8. If your answer to the previous question was "Services provided at Community Collaborative Practice", please select one from the following:

- ☐ Long-term care setting (Nursing Homes and Assisted Living)
- ☐ Head Start
- ☐ School-based
- ☐ Group Home/Developmental Disability Housing (Residential support for adults with disabilities)
- ☐ Community Outreach

### STEP 3 (OPTIONAL)

Select only the categories you are interested in, if you have a specific population of interest.

9. Age at the time of the first visit of the calendar year.

- ☐ Children (<21 years old)
- ☐ Adults (21-64 years old)
- ☐ Seniors (>65 years old)

10. Gender, as specified in patient registration form. This is a self-reported field.

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Unknown

11. Procedures (Treatment performed at Apple Tree Dental Centers).

- ☐ Diagnostic: D0100-D0999
- ☐ Preventive: D1000-D1999
- ☐ Restorative: D2000-D2999
- ☐ Endodontics: D3000-D3999
- ☐ Periodontics: D4000-D4999
- ☐ Prosthodontics- removable: D5000-D5899
- ☐ Maxillofacial Prosthodontics: D5900-D5999
- ☐ Implant Services: D6000-D6199
- ☐ Prosthodontics, fixed D6200-D6999
- ☐ Oral & Maxillofacial Surgery: D7000-D7999
- ☐ Orthodontic: D8000-D8999
- ☐ Adjunctive General Services: D9000-D9999

12. Provider Type

- ☐ General Dentist
- ☐ Specialist
- ☐ Dental Hygienist
- ☐ Dental Therapist

13. Please list any other Data Request comments below

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.