

Research Trials

If you are interested in learning more about clinical research trials, indicate any conditions that may apply to you.

- | | | |
|--|---|--|
| <input type="checkbox"/> Menopausal Symptoms | <input type="checkbox"/> Yeast Infection | <input type="checkbox"/> Birth Control |
| <input type="checkbox"/> Bladder Leakage | <input type="checkbox"/> Sexually Transmitted Infections | <input type="checkbox"/> Vaginal Dryness |
| <input type="checkbox"/> Fibroids | <input type="checkbox"/> Irregular Periods | <input type="checkbox"/> Bacterial Vaginosis |
| <input type="checkbox"/> Female Sexual Dysfunction | <input type="checkbox"/> Hormone Replacement and Alternatives | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Urinary Tract Infection | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Heavy Menstrual Bleeding | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Other: _____ |

Enrolled volunteers receive study-related physical examinations, medical procedures and investigational study medications at no cost. Remember insurance is not required.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Email Address: _____

Do we have your permission to add you to our database? Yes No

Fax or email your response to:

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