ORAL PROTOCOL - FORM OP6
TOOTH COUNT

A1. ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

A2.VISIT #: ___ ___

A3. VERSION DATE: **03/01/95c**

A4. FORM COMPLETED BY: ___ ___ ___

A5. DATE OF PROCEDURE ___ ___ / ___ ___ / ___ ___

B1. Is participant edentulous?

YES..... 1 **(SKIP TO FORM OP15 -DO NOT COMPLETE FORMS OP7 - OP14)**

NO 2

B2. Tooth count:

a. Upper |___|___|

b. Lower |___|___|

B3. Number of occluding pairs: |___|___|

B4. Does patient present with ≥ 10 natural teeth?

YES..... 1

NO ..... 2 **(CODE AS "5" AT B5)**

B5. Random quadrant(s) selected (one upper <u>and</u> one lower:)

UPPER LEFT 1
UPPER RIGHT..... 2
LOWER LEFT 3
LOWER RIGHT..... 4
Less than 10 natural teeth..... 5