

**ORAL PROTOCOL: FORM OP14 LOSS OF ATTACHMENT**

A1. ID LABEL HERE  
 | | - | | | - | | | | | - | |

A4. FORM COMPLETED BY: \_\_\_\_\_  
 A5. DATE OF PROCEDURE  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A6. RANDOM HALF MOUTH SELECTED  
 UPPER LEFT .....1  
 UPPER RIGHT .....2  
 LOWER LEFT .....3  
 LOWER RIGHT .....4  
 Less than 10 natural teeth .....5

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

SEC B.	M2			M1			P2			P1			CA			LA			CE							
	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M		
UPPER LEFT	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
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	(a)	(b)			(a)	(b)				(a)	(b)				(a)	(b)				(a)	(b)				(a)	(b)
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WIHS ID#

VISIT #


SEC C. UPPER RIGHT	M2						M1						P2						P1						CA						LA						CE										
	D		MB		M		D		MB		M		D		MB		M		D		MB		M		D		MB		M		D		MB		M		D		MB		M						
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)					
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WIHS ID#

VISIT #


SEC D. LOWE R LEFT	M2			M1			P2			P1			CA			LA			CE					
	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M	D	MB	M			
	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y	(a) Y	(b) Y
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