

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: FORM OP14 LOSS OF ATTACHMENT**

ID LABEL HERE

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VISIT #: ___ ___

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

FORM COMPLETED BY: _____

___ ___ ___

DATE OF PROCEDURE

___ / ___ / ___

A. RANDOM HALF MOUTH SELECTED

- UPPER LEFT1
- UPPER RIGHT2
- LOWER LEFT3
- LOWER RIGHT4
- Less than 10 natural teeth5

B. UPPER 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)	(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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L				L				L				L				L				L				
(a)	(b)			(a)	(b)			(a)	(b)			(a)	(b)			(a)	(b)			(a)	(b)			
Y	Y			Y	Y			Y	Y			Y	Y			Y	Y			Y	Y			
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WIHS ID#

VISIT #

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 #

D. LOWER 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)	(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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L						L						L						L						L						L						L											
(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)										
Y	Y					Y	Y					Y	Y					Y	Y					Y	Y					Y	Y					Y	Y										
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WIHS ID#

VISIT #

E. LOWER 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							
	(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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L						L						L						L						L						L												
(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)					(a)	(b)											
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