

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: DENTAL PROSTHESES
FORM OP 15**

ID LABEL HERE --->

_	-	_ _	-	_ _ _ _	-	_
---	---	-----	---	---------	---	---

VISIT #:

VERSION DATE:
10/01/98

FORM COMPLETED BY:

DATE OF PROCEDURE
____/____/____

Indicate whether a prosthesis exists and whether it is an apparent source of trauma, irritation, or infection.

		YES	NO
1.	Upper Full	1	2 (2)
	a. Source of trauma?	1	2
2.	Upper Partial	1	2 (3)
	a. Source of trauma?	1	2
3.	Lower Full	1	2 (4)
	a. Source of trauma?	1	2
4.	Lower Partial	1	2 (END)
	a. Source of trauma?	1	2