

**WOMEN'S INTERAGENCY HIV STUDY  
 ORAL PROTOCOL: ORAL REFERRAL AND FOLLOW UP  
 FORM OP16**

ID LABEL HERE --->

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VISIT#:

VERSION DATE

**04/01/99**

FORM COMPLETED BY:

DATE OF PROCEDURE:

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1. Does the participant have any treatment needs?

- YES ..... 1  
 NO ..... 2     **(Skip to #3)**

2. Does the participant require referral for any of the following reasons?

	<b>YES</b>	<b>NO</b>
a. Preventive dentistry .....	1	2
b. Restorations .....	1	2
c. Crowns or fixed bridges .....	1	2
d. Endodontics .....	1	2
e. Periodontics .....	1	2
f. Surgery .....	1	2
g. Removable partial .....	1	2
h. Complete denture .....	1	2
i. Oral Lesion / Lymph Node .....	1	2
j. Other: _____ <b>(SPECIFY)</b>		

3. NAME OF EXAMINER (**PLEASE PRINT!**): \_\_\_\_\_

4. TIME ORAL VISIT ENDED:

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AM ..... 1  
 PM..... 2