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

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__| 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?

		YES	**NO**
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: _____ **(SPECIFY)**		

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

4. TIME ORAL VISIT ENDED: |___|___| : |___|___| AM ..... 1 PM 2