

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

ID LABEL HERE --->

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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.

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