

**WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: DENTAL PROSTHESES
FORM OP15**

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.

		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