

**WOMEN'S INTERAGENCY HIV STUDY  
ORAL PROTOCOL: ORAL REFERRAL AND FOLLOW UP  
FORM OP 16**

ID LABEL HERE --- |\_|-|\_|-|\_|\_|\_|-|\_| VISIT#: \_\_\_\_\_ VERSION DATE  
> \_\_\_\_\_ **10/01/98**

FORM COMPLETED BY: \_\_\_\_\_ DATE OF PROCEDURE:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. Does the participant have any treatment needs?

YES ..... 1  
NO ..... 2 **(B3)**

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. TIME ORAL VISIT ENDED: |\_|\_| : |\_|\_| AM 1  
PM 2