



# Oral Health Group

## REVIEW UPDATE FORM

**Review:**

**Date of publication:**

**Lead review author:**

*(Please tick and complete as appropriate)*

**I am willing to maintain the above review and carry out its update**

**Review Update Team:**

<b>Lead author:</b>	.....
<b>Address</b>	.....
	.....
<b>Telephone</b>	.....
<b>Fax</b>	.....
<b>Email</b>	.....
<b>Co-authors:</b>	.....
	.....

**I am willing to help updating the above review as co-author**

<b>New lead author:</b>	.....
<b>Email</b>	.....
<b>Co-authors:</b>	.....
	.....

**I am unable to update the above review and opt to withdraw from the review**  
**(The Cochrane Oral Health Group will re-allocate the review update)**

**Please return this form to:**

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