



# Oral Health Group

## REVIEW UPDATE FORM

**Review:**

**Date of publication:**

**Lead reviewer:**

*(Please tick and complete as appropriate)*

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

**Review Update Team:**

<b>Lead reviewer:</b>	.....
	<b>Address</b> .....
	.....
	<b>Telephone</b> ..... <b>Fax</b> .....
	<b>Email</b> .....
<b>Co-reviewers:</b>	.....
	.....

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

<b>New lead reviewer:</b>	.....
	<b>Email</b> .....
<b>Co-reviewers:</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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