



OSPC

Oral Surgeons, P.C.

www.oralurgeonspc.com

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 Stephen J. Ridenour, D.D.S.
 Michelle J. Peters, D.D.S.

Checklist

- X-Ray
Date of X-Ray _____
- Insurance Cards
- Medicine List
- Referral Form

Please Notify Us If Patient
 Requires Pre-Med Or Is
 Currently On Blood Thinners.
 Thank You.

Date _____

Introducing _____

Phone _____ Date of Birth _____

Treatment Plan (see reverse side for our implant referral form) _____

Referred by _____

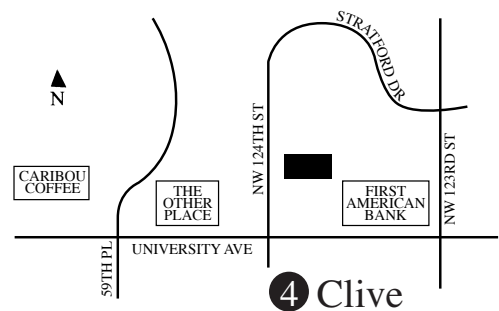
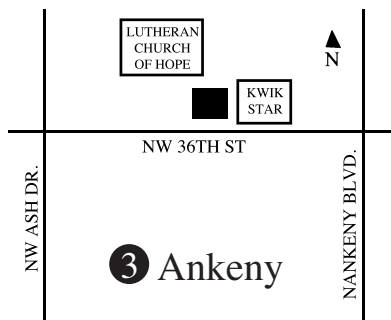
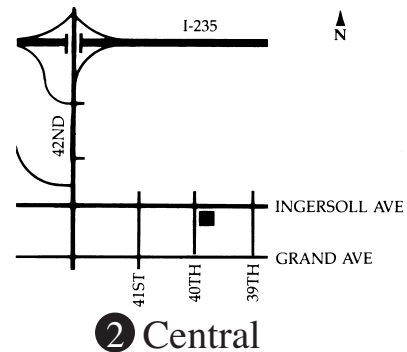
Office Phone _____

Appt. _____ Office (circle) 1 2 3 4 5

Online patient registration forms available at
oralurgeonspc.com

Please Circle Teeth to be Treated

RIGHT								LEFT							
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
RIGHT								LEFT							
D1	D2	D3	D4	D5				D6	D7	D8	D9	D10			
D20	D19	D18	D17	D16				D15	D14	D13	D12	D11			



7400 Fleur Dr., Ste. 200
 Des Moines, IA 50321
 515-287-7773
 515-287-7279 fax
 800-547-6677

3940 Ingersoll Avenue
 Des Moines, IA 50312
 515-274-9151
 515-274-1472 fax
 800-547-6677

460 NW 36th Street
 Ankeny, IA 50023
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12345 University Avenue
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Date: _____
 Patient Name: _____
 Referring Doctor: _____



**ORAL SURGEONS, PC
 IMPLANT INSTITUTE**

Checklist

X-Ray Insurance Cards Medicine List Referral Form
 Date of X-Ray _____

PLEASE CIRCLE THE APPROPRIATE INFORMATION

Area to be evaluated: 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15
 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18

Desired Treatment Single Tooth Implant Multiple Tooth Implants
 Implant Retained Denture (Locator® Case)
 Implant Supported Bridge
 Other: _____

Is Tooth Removal Required? NO YES # _____

Anticipated Restoration: Cemented Crown Screw Retained Crown Undecided
 All Ceramic Restoration
 PFM with Porcelain Occlusal
 PFM with Metal Occlusal

Interim Prosthesis Planned? NO YES Immediate Temp of Implant / Essex Retainer / Flipper /
 Bonded Natural Tooth / Existing Denture

Are Diagnostic Casts Available? NO YES

Would You Like OSPC To Assist With Abutment Placement? NO YES

Restoring Doctor: Referring DDS Other: _____

Preferred Implant System: Nobel Straumann Bone Level/Tissue Level No Preference

Notes: _____