### Oral Surgeons, P.C.

**DATE:** __________________________

**PATIENT NAME:** _______________________

**REFERRING DOCTOR:** ___________________

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### PLEASE CIRCLE THE APPROPRIATE INFORMATION

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<th>Area to be evaluated:</th>
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**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:** ____________________________________________