



OSPC

Oral Surgeons, P.C.

www.oralurgeonspc.com

Jeffery A. Schwarzkopf, D.D.S.
 Scott A. Johnson, D.D.S., M.D.
 John D. Janulewicz, D.D.S., M.D.
 Ryan A. Marsh, D.D.S.
 Luke J. Freml, D.D.S.
 Michael R. Morio, D.D.S.
 Brock D. Radich, D.D.S.
 Stephen J. Ridenour, D.D.S.
 Michelle J. Peters, D.D.S.

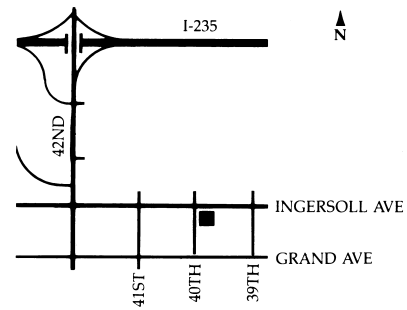
Checklist

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

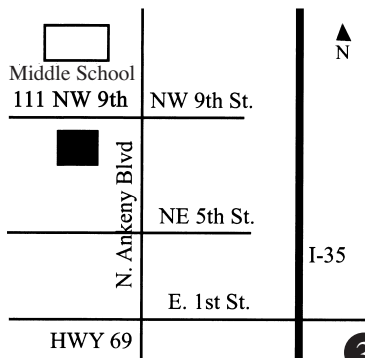
Please Notify Us If Patient
 Requires Pre-Med Or Is
 Currently On Blood Thinners.
 Thank You.



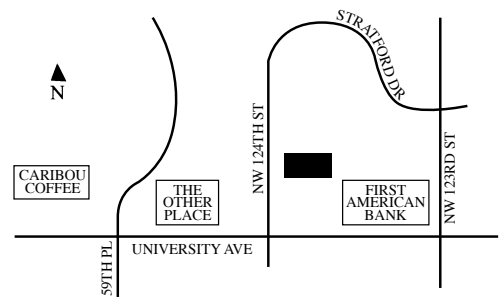
1 South



2 Central



3 Ankeny



4 Clive

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

111 NW Ninth Street
 Ankeny, IA 50023
 515-965-9099
 515-965-0400 fax
 800-547-6677

12345 University Avenue
 Suite 102
 Clive, IA 50325
 515-414-7744
 515-226-3475 fax

Date 01/14/2022

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



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Date: 01/14/2022

Patient Name: _____

Referring Doctor: _____



**ORAL SURGEONS, PC
IMPLANT INSTITUTE**

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: _____