



AMES ORAL SURGEONS PC
MARSHALLTOWN ORAL SURGEONS PC

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Fellows
 American Association of
 Oral and Maxillofacial Surgeons

Marshalltown Oral Surgeons, P.C.

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www.amesoralsurgeons.com

Introducing Patient _____

Date _____

- | | | | | |
|--------------------------------------|--|--|-----------------------------|--|
| <input type="checkbox"/> 3rd Molars | <input type="checkbox"/> Extraction(s) | <input type="checkbox"/> Prosthetic Surgery | | |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Trauma | <input type="checkbox"/> Expose & Bond Orthodontic Anchors | | |
| <input type="checkbox"/> Implant(s): | Single Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | FPD Implants | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | Soft Tissue Grafting Anticipated | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | Implant Overdenture | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Implant Requested: Straumann, Astra, Nobel, Zimmer

Please Evaluate & Perform _____

Other: _____

| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| | | | a | b | c | d | e | | f | g | h | i | j | | | | |
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |
| | | | | t | s | r | q | p | o | n | m | l | k | | | | |

Radiographs: Emailed Mailed Given to Patient Please Take Please Return

Referring Doctor _____

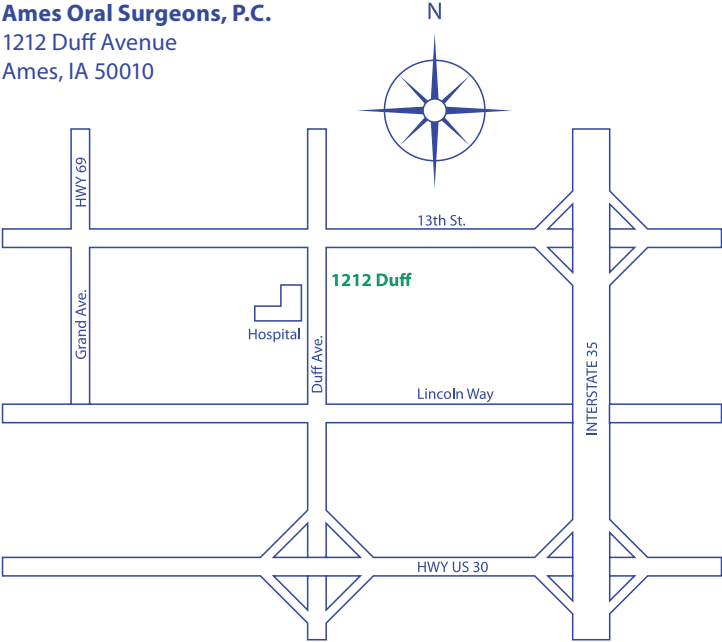
Date _____

Special instructions for deep conscious and intravenous sedation patients ONLY:

1. Have nothing to eat or drink 6 hours prior to the procedure. Please take your normal medication and have the medications recommended by our doctor with a small sip of water.
2. A responsible adult must accompany you to your visit, remain in the office, and drive you home after your procedure.
3. Please wear loose clothing with short sleeves. You may layer clothing over this if you would like.
4. Driving of vehicles is not recommended for the first 24 hours following your procedure.
5. Minors must be accompanied by a responsible parent or guardian to ALL visits.

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