DATA FIELDS TO BE SELECTED:

**Practice and Specialty Types:**

___ Dentist (all)  
___ General Practice  
___ Endodontics  
___ Oral Pathology  
___ Oral Surgery  
___ Orthodontics  
___ Pediatric Dentistry  
___ Periodontics  
___ Prosthodontics  
___ Public Health  
___ Operative Dentistry  
___ Oral Radiology  
___ Endodontics  
___ Oral Pathology  
___ Oral Surgery  
___ Orthodontics  
___ Periodontics  
___ Prosthodontics  
___ Public Health  
___ Operative Dentistry  
___ Oral Radiology

**Dentist Location (by County):**

___ All Iowa Counties  
___ Selected Iowa Counties  
___ Selected Iowa Counties (Please specify other side/separate sheet)

**Practice Arrangement:**

(For Private Practice Only)

___ Practice Arrangement (All)  
___ Solo Practice  
___ (2) Member Partnership/Association  
___ (3-4) Person Group/Single Specialty  
___ (3-4) Person Group Multi-Specialty  
___ (5-6) Member Group/Single Specialty  
___ (5-6) Member Group Multi-Specialty  
___ (7+) Member Group/Single Specialty  
___ (7+) Member Group Multi-Specialty  
___ Multi-Site Dental Group  
___ Hospital Staff Dentist  
___ Hospital-Sponsored Practice  
___ Multi-Site Dental Group  
___ Dental Science Building

**Activity:**

___ All Activities  
___ Private Practice  
___ Dental School Faculty  
___ Administration/Other  
___ State/Federal Government  
___ Hospital Staff Dentist  
___ Industrial/Occupational Dentistry  
___ Veterans Administration  
___ Research  
___ Community Health/Local Govt  
___ Oral Radiology

**Special Instructions/Notes:**

__________________________________________________________________________________________________________________________

**Data Sorted By:**

___ Zip Code  
___ Alphabetical  
___ (professional’s last name)  
___ Other (please specify)  
__________________________________________________________________________________________________________________________

**Type of Data Requested:**

___ Heat Transfer Labels  
___ Plain Paper Labels  
___ Pressure Sensitive Labels  
___ Roster (specify sort order)  
___ Disk (specify format)  
__________________________________________________________________________________________________________________________

**Billing Information:**

___ A University requisition accompanies  
___ A University requisition is forthcoming  
___ Billing information is specified below (Non-University users)

**Customer Contact/Delivery Address:**

Name:  
______________________________  
Telephone: _______________________

Address:  
__________________________________________________________________________________________________________________________

**For OSCEP use only:**

Programmer Initials: _________

Requested By: ________________  
Number of Subjects: ___________

Labels Needed By: ________________  
Charge: $___________