

**Iowa Dentist Tracking System
Data Request Form**

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

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

Dentist Location (by County):

- All 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-Sponsored Practice
 - Satellite
 - Dental Science Building

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: \$ _____

