

ADMISSIONS CLINIC

COLLEGE OF DENTISTRY



326 Dental Science Bldg. South
Iowa City, Iowa 52242-1001

Tel: 319-335-7499
Fax: 319-335-7451

FACULTY PRACTICE

Howard J. Cowen, DDS, MS (emphasis in Geriatric Dentistry)
John Crawford, DDS
Ronald Elvers, DDS, MS

Carrie B. McKnight, DDS
Ruth D. Spieker, DDS
Keri C. Stahle, DDS

Date: _____

Patient name: _____

Patient address: _____

Home phone: _____ Cell phone: _____

Requested consultation/treatment:

- Comprehensive care _____
- Limited care only (specify) _____
- Consultation only (specify) _____

Comments (including special instructions): _____

Please return patient for general care to referring dentist.

Appoint with:

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dr. Cowen | <input type="checkbox"/> Dr. Elvers | <input type="checkbox"/> Dr. Spieker |
| <input type="checkbox"/> Dr. Crawford | <input type="checkbox"/> Dr. McKnight | <input type="checkbox"/> Dr. Stahle |
| <input type="checkbox"/> Faculty with first available appointment | | |

Radiographs preferred on film or compact disc:

- Enclosed Will be sent Patient will bring None provided

Referring dentist: _____

Address: _____

Telephone: _____ E-mail: _____

Please contact Admissions Clinic by telephone, Fax, or mail to set up an appointment.

For additional forms call: 319-335-7499

Or visit website - http://www.dentistry.uiowa.edu/referralforms/referral_admissions.pdf