

DEPARTMENT OF ENDODONTICS

COLLEGE OF DENTISTRY



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

Tel: 319-335-7469
Fax: 319-335-9663

FACULTY PRACTICE

William T. Johnson, DDS, MS
Bruce C. Justman, DDS

Anne E. Williamson, DDS, MS
Richard E. Walton, DMD, MS

Manuel R. Gomez, DDS

Date: _____

Patient name: _____

Patient address: _____

Home phone: _____ Cell phone: _____

Type of dental insurance: _____ Date of birth: _____

Diagnosis: _____

Requested consultation/treatment:

Emergency treatment _____

Examination and evaluation _____

Non-surgical root canal treatment _____

Surgical root canal treatment _____

Existing Crown on tooth? Yes No Retreatment? Yes No

Other (specify) _____

Please return patient for general care to referring dentist.

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

Level of care requested:

Pre-doctoral students

Residents

Faculty (*see list below*)

Dr. Johnson

Dr. Williamson

Dr. Gomez

Dr. Justman

Dr. Walton

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: _____

For additional forms call: 319-335-7469

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