DEPARTMENT OF
OPERATIVE DENTISTRY
COLLEGE OF DENTISTRY

229A Dental Science Bldg. South
Iowa City, Iowa 52242-1001
Tel: 319-335-7218
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FACULTY PRACTICE
Steven R. Armstrong, DDS, PhD
Cathia Bergeron, DMD, MS
Deborah S. Cobb, DDS, MS
Gerald E. Denehy, DDS, MS
Saulo Geraldeli, DDS, MS, PhD
Sandra Guzman-Armstrong, DDS, MS
Maria Marcela Hernandez, DDS, MS
Justine Kolker, DDS, MS, PhD

Date: ___________________

Patient name: ____ Date of birth: ________________________

Patient address: ____

Home phone: ____ Cell phone: ____________________________

Requested consultation/treatment:

☐ Consultation only

☐ Consultation and limited treatment

  ☐ Return to referring dentist

☐ Comprehensive care

Reason for referral: ____

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

Level of care requested:

☐ Operative resident clinic

☐ Faculty *(see list below)*

☐ Armstrong	☐ Denehy	☐ Hernandez
☐ Bergeron	☐ Geraldeli	☐ Kolker
☐ Cobb	☐ Guzman-Armstrong	☐ *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: 319-335-7218

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