

DEPARTMENT OF
ORTHODONTICS
 COLLEGE OF DENTISTRY

 THE UNIVERSITY OF IOWA
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FACULTY PRACTICE

Samir E. Bishara, DDS, MS
 John S. Casco, DDS, PhD

Andrew C. Lidral, DDS, PhD
 Lina Moreno, DDS, PhD

Thomas E. Southard, DDS, MS
 Robert N. Staley, DDS, MS

Introducing: _____

Date: _____

Parent's name: _____ Home phone #: _____

Insurance: _____

Requested consultation: _____

Referring Doctor: _____ Telephone: _____

Address: _____ E-mail: _____

Appoint patient with Dr.:

- | | | | |
|---|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Orthodontic Resident Clinic | <input type="checkbox"/> Bishara | <input type="checkbox"/> Lidral | <input type="checkbox"/> Southard |
| <input type="checkbox"/> Faculty with first available appointment | <input type="checkbox"/> Casco | <input type="checkbox"/> Moreno | <input type="checkbox"/> Staley |

Please call, fax, or mail to set up an appointment. Thank you.

For additional forms call: 319-335-7287

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

