

# DEPARTMENT OF PERIODONTICS

COLLEGE OF DENTISTRY



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## FACULTY PRACTICE

Steven H. Clark, DDS

Ali Fakhry, DMD, MS, FRCD(C)

Lewis A. Humbert, DDS, MS

Georgia K. Johnson, DDS, MS

Kumar O. Neppalli, DDS, MS

Paula L. Weistroffer, DDS, MS

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Requested periodontal treatment:

Emergency treatment (tooth #) \_\_\_\_\_

Comprehensive periodontal exam and treatment

Generalized \_\_\_\_\_

Isolated (tooth #) \_\_\_\_\_

Crown lengthening (tooth #) \_\_\_\_\_

Recession or mucogingival problem (tooth #) \_\_\_\_\_

Esthetic concerns (region) \_\_\_\_\_

Dental implants/site development (tooth #) \_\_\_\_\_

Other \_\_\_\_\_

Previous periodontal treatment: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return patient for general care to referring dentist.

Please contact the Periodontics Clinic by telephone, Fax, or mail to set up an appointment with Dr.:

Clark  Humbert  Neppalli  Faculty with first available appointment

Fakhry  G. Johnson  Weistroffer

*All Faculty are Board Certified, American Board of Periodontology*

An information packet will be mailed to the patient after an appointment is scheduled.

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: 319-335-7232 or 7233

Or visit website - [http://www.dentistry.uiowa.edu/referralforms/referral\\_periodontics.pdf](http://www.dentistry.uiowa.edu/referralforms/referral_periodontics.pdf)