

DEPARTMENT OF PROSTHODONTICS

COLLEGE OF DENTISTRY



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FACULTY PRACTICE

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David G. Gratton, DDS, MS
Yung-Shen (Vinny) Huang, DDS, MS
Yong Joon Ko, DDS, MSD, MS
Terry J. Linquist, DDS, MS

Peter S. Lund, DDS, MS
Galen B. Schneider, DDS, PhD
Clark M. Stanford, DDS, PhD

Date: _____

Patient name: _____ Date of birth: _____

Patient address: _____

Home phone: _____ Cell phone: _____

Full mouth rehabilitation

Limited care

Consultation

Fixed _____

Removable _____

Fixed/ removable _____

Implant therapy _____

Comments _____

Please return patient for general care to referring dentist.

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

Aquilino

Ettinger

Ko

G. Schneider

Clancy

Gratton

Lindquist

Stanford

Estafanous

Huang

Lund

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: 319-335-7275

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