



# College of Dentistry and Dental Clinics

Department of  
Family Dentistry

## Family Dentistry Clinic

342 Dental Science Building South  
Iowa City, IA 52242-1001  
319-335-7318  
Fax: 319-335-9683

### GENERAL DENTISTS

Brian Howe, DMD, MS  
Michael D. Murrell, DDS

I. Reed Parker, DDS  
John Srybu, DDS, MS

Christopher Barwacz, DDS\*

### SPECIALISTS

David M. Bohnenkamp, DDS, MS (Prosthodontics)  
Marcela Hernández, DDS, MS (Aesthetic Dentistry)

David C. Holmes, DDS, MS (Periodontics)  
Marcos A. Vargas, DDS, MS (Aesthetic Dentistry)

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

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

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

Patient phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of dental insurance: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Requested consultation/treatment:

- Comprehensive care \_\_\_\_\_
- Limited care only (specify) \_\_\_\_\_
- Consultation only (specify) \_\_\_\_\_

Comments (including special instructions): \_\_\_\_\_

Please return patient for general care to referring dentist.

Please contact the Family Dentistry Clinic to set up an appointment: 319-335-7318

- |  |                                     |                                      |                                     |
|--|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dr. Bohnenkamp                                  | <input type="checkbox"/> Dr. Holmes | <input type="checkbox"/> Dr. Murrell | <input type="checkbox"/> Dr. Srybu  |
| <input type="checkbox"/> Dr. Hernández                                   | <input type="checkbox"/> Dr. Howe   | <input type="checkbox"/> Dr. Parker  | <input type="checkbox"/> Dr. Vargas |
| <input type="checkbox"/> <i>Faculty with first available appointment</i> |                                     |                                      |                                     |

\*Please contact the Faculty General Practice Clinic to set up an appointment: 319-335-8232

Dr. Barwacz

### Radiographs preferred on film or compact disc:

- Enclosed
- None provided

To transfer patient records and radiographs electronically, please use our HIPAA compliant and secure website. Call Central Records at 319-335-7429 for instructions. Include your office name/phone number, patient name/date of birth, and date radiographs made.

Referring dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_