



College of Dentistry and Dental Clinics

Department of Periodontics

Periodontic Clinic

446 Dental Science Building South
Iowa City, IA 52242-1001

319-335-7232

319-335-7233

Fax: 319-335-7239

FACULTY PRACTICE

Gustavo Avila-Ortiz, DDS, MS, PhD
Satheesh Elangovan, BDS, DSc, DMSc
Georgia K. Johnson, DDS, MS

Theo Katsaros, DDS, MS
Sukirth Ganesan, BDS, PhD

Megumi Williamson, DDS, MS, PhD
Shaoping Zhang, DDS, MS, PhD

Date: _____

Patient legal name: _____ Date of birth: _____ Gender: _____

Patient address: _____

Patient phone: _____ Cell phone: _____

Name of dental insurance: _____ E-mail: _____

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.:

Avila-Ortiz G. Johnson Ganesan Zhang

Elangovan Katsaros M. Williamson Faculty with first available appointment

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

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: _____