



# College of Dentistry and Dental Clinics

Department of  
Prosthodontics

## Ostrus Prosthodontic Clinic

413 Dental Science Building South  
Iowa City, IA 52242-1001  
319-335-7275 (CLINIC)  
Fax: 319-353-4278

### FACULTY PRACTICE

Maged Abdelaal, BDS, MDS, MS  
Salahaldeen Abuhammoud, DDS, MS  
Omar Alburawi, BDS  
Zeina Al-Salihi, BDS, MS  
Piriya (Peter) Boonsiriphant, DDS

Julie A. Holloway, DDS, MS, FACP  
Tarek Kerdani, DDS, MS, FACP  
Terry J. Linqvist, DDS, MS, FACP  
Ahmed Mahrous, DDS, MS

Galen B. Schneider, DDS, PhD, FACP  
Kevin Tseng, DDS, MS, PhD  
Richard Williamson, DDS, MS, FACP  
Kan Wongkamhaeng, DDS, MS

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

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

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

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

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

*Medicaid patients will be referred to the student or resident clinics*

- 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.:

- Abdelaal
- Boonsiriphant
- Mahrous
- Wongkamhaeng
- Abuhammoud
- Holloway
- Schneider
- Faculty with first available appointment
- Alburawi
- Kerdani
- Tseng
- Al-Salihi
- Lindquist
- Williamson

Radiographs preferred on film or compact disc:

- Enclosed
- None provided

To transfer patient records and radiographs electronically use eDossea, a 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: \_\_\_\_\_