

Patient Referral To Howard University College of Dentistry

600 W Street, N.W.

Washington, D.C. 20059

202-250-6336– Referrals Coordinator

dentalreferrals@howard.edu

Periodontal Services Referral

Date: _____

Patient Name: _____

Patient ID#: _____

Referring Provider: _____

Referring Provider Location:

Referring Provider Phone: _____

Periodontal Service Requested: _____

Please indicate if radiographs were taken and attach with referral.

Date of radiographs taken: _____

New patients welcome!

Emergency walk-in visits available Monday – Friday, 9am – 4pm

Call 202-806-0007