

PARKVIEW DENTAL

COSMETIC

IMPLANT

GENERAL DENTISTRY

Part 1 - Required treatment

☐ Periodontics

Dr. Tarek Ali, DDS, MSc, Dip. Perio, FRCD(C)
Certified Specialist in Periodontics

☐ Orthodontics

Dr Tarun Dass, DDS, MDS (Orthodontics).BDS
General Dentist

☐ Oral Surgery

Dr Henry Chang, DMD

☐ Implantology

Dr. Shahdad Ayoughi, DDS, DMD, DICOI

Part 2 - Patient's details

Please use this part of the form to tell us about the patient. This may be you or the person on whose behalf you are making the referral.

Date of Referral:

DOB:

Address:

Surname:

Postcode:

First Name:

Referred by:

Patient or Parent's best Contact number:

Tel:

Do you had an xray recently taken? Yes or No.

If yes please email to parkviewdentalvancouver2018@gmail.com

Part 3 - Other details

Notes for the dentist : _____

Periodontal Therapy

- ☐ Complete Periodontal Treatment Reason
- ☐ Specific Area of Concern
- ☐ Guided Tissue Regeneration
- ☐ Soft Tissue Grafting
- ☐ Crown Lengthening
- ☐ Cosmetic Gingival Recontouring
- ☐ Tooth Exposure

Orthodontics

Reason for referral and Condition

Oral Surgery/Oral Sedation

- ☐ Removal of 3rd Molars _____
- ☐ Pls. Indicate tooth involved _____


Implants

- ☐ Single Tooth Implant placement
- ☐ Implants for Bridge
- ☐ Implants for Dentures
- ☐ Bone Grafts and Sinus Lift

 **(604) 438-1555**

 **@vancouver_dental_implant**

 **parkviewdentalvancouver.com**

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