


PARKVIEW DENTAL

DENTAL SPECIALTIES

 (604) 438-1555

 @vancouver_dental_implant

 parkviewdentalvancouver.com

 3665 Kingsway #230,
Vancouver, BC V5R 5W2

Part 1 TREATMENT REQUIREMENT

☐ **Periodontics**

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

☐ **Oral Surgery**

Dr. Henry Chang, DMD

☐ **Endodontics**

Dr. Eman Moradi, DDS, MSc, FRCD(C)
Certified Specialist in Endodontics

☐ **Orthodontics**

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

☐ **Implantology**

Dr. Shahdad Ayoughi, DDS, DMD, DICOI

Part 2 REFERRAL INFORMATION

Date of Referral: _____

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.

Patient Full Name: _____ DOB: _____ Address: _____

Referred By: _____ Tel: _____ Name of Office: _____

Patient or Parent's best Contact number: _____

Insurance Provider: _____ Policy/Contract: _____ Cert #: _____

Do you had an Xray recently taken? ☐ Yes ☐ No Date Taken: _____

If yes please email to: Parkviewdentalvancouver2018@gmail.com

Part 3 OTHER DETAILS

Periodontal Therapy

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

Orthodontics

Reason for referral and condition _____

Comment for Specialist

Oral Surgery / Oral Sedation

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

Implant

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

Endodontics

- ☐ Chief Complaint: _____

Appointment Information:

This time is reserved specifically for you. If by necessity you must change your appointment, Please kindly notify us at least 3 business days in advance. See back for map

