Coquitlam

periodontal & implant centre

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COQUITLAM, BC V3K 3P3

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Referral Form

INTRODUCING: ______________________ DATE: ______________

D.O.B.: ______________

CONTACT: TEL: ______________ BUS: ______________ CELL: ______________

EMAIL: ______________________

REFERRED BY DR: ______________________

REFERRED FOR:

- ◯ **IMPLANT CONSULT: AREA(S) PLACEMENT** ______________
- ◯ **COMPREHENSIVE PERIODONTAL EXAM** ______________
- ◯ **PROSTHODONITIC CONSULT** ______________
- ◯ **SPECIFIC PERIODONTAL CONSULT: AREA(S)** ______________

SELECT BELOW

- ◯ CROWN LENGTHENING
- ◯ RECESSION/KERATINIZED TISSUE
- ◯ CUSPID EXPOSURE/FRENECTOMY
- ◯ OTHER ______________
- ◯ LASER THERAPY
- ◯ EXTRACTION/RIDGE PRESERVATION
- ◯ BIOPSY

RADIOGRAPHS: ◯ SENT ◯ PATIENT WILL BRING ◯ NONE AVAILABLE

PERTINENT MEDICAL HISTORY OR SPECIAL CONSIDERATIONS:

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DENTAL INSURANCE INFORMATION

PRIMARY INSURANCE CARRIER: ______________________

POLICY HOLDER: ______________ D.O.B.: ______________

GROUP PLAN # ______________ CERT #/I.D. #. ______________

SECONDARY INSURANCE CARRIER: ______________________

POLICY HOLDER: ______________ D.O.B.: ______________

GROUP PLAN # ______________ CERT #/I.D. #. ______________

◯ **DR. NAZANIN NARANI** D.D.S., M.SC.,DIP. PERIO., FRCD(C)
CERTIFIED SPECIALIST IN PERIODONTICS

◯ **DR. KENDALL JAMES** DMD, CERT PROS, FRCD(C)
CERTIFIED SPECIALIST IN PROSTHODONTICS

COMMENTS:

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