

Nanaimo Dental Specialists

- Dr. Anthony Mo - Endodontist
- Dr. Simon Abbey - Endodontist
- Dr. Aminder Verraich - Endodontist
- Dr. Eleni Irinakis - Endodontist
- Dr. Tasso Irinakis - Periodontist
- Dr. Jonathan Bouwer - Periodontist
- Dr. Kendall James - Prosthodontist

REFERRAL FORM

DATE: _____

Introducing: _____ D.O.B: YEAR / MON / DAY Sex: M F

Address: _____ City: _____ PC: _____

Contact: TEL#: _____ CELL#: _____ E-Mail: _____

Referring Doctor: _____ Clinic: _____ Tel: _____

PERIODONTICS

Complete assessment for:

Implant Consult: _____

Gingival Graft: _____

Crown Lengthening: _____

Pinhole: _____

Other: _____

Please include all recent radiographs and charting with referral.

PROSTHODONTICS

Complete Prosthodontic Assessment

Specific Prosthodontic Assessment

Area: _____

Implant denture consult

Implant Consult

Area: _____

Crown/bridge

Area: _____

Denture Consultation

Complete: MAX / MAN

Partial: MAX / MAN

Sleep appliance

Therapeutic Botox

Other: _____

ENDODONTICS

Symptoms: _____

Tooth#: _____

Root canal treatment

Retreatment

Apicoectomy

Regenerative

Resorption repair

Post/instrument removal

Post space preparation

Other: _____

CBCT ONLY Upper Arch Lower Arch Both Arches 40/40 Tooth Specific No.: _____

PRIMARY INSURANCE COMPANY NAME: _____

Policy holder: _____ D.O.B: YEAR / MON / DAY

Group plan# _____ CERT#/I.D.# _____

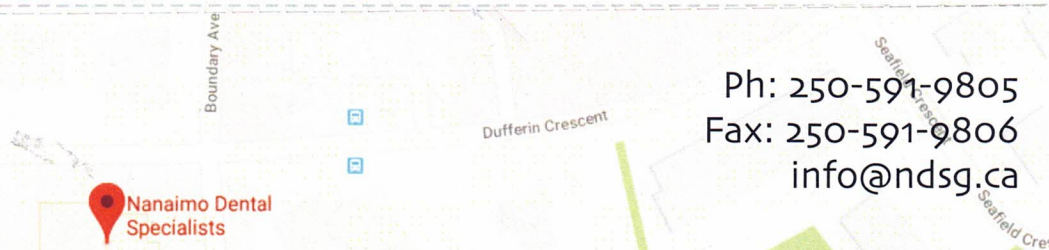
SECONDARY INSURANCE COMPANY NAME: _____

Policy holder: _____ D.O.B: YEAR / MON / DAY

Group plan# _____ CERT#/I.D.# _____

PLEASE SEND ALL PREVIOUS XRAYS TAKEN

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101 - 1621 Dufferin Crescent
Nanaimo, BC, V9S 5T4



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