DR. REZA AHMADI
DMD, MSc, Dip.Perio., FRCD(C)

Certified Specialist in Periodontics

FRASER VALLEY DENTAL SPECIALISTS

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Patient's Name____________________ DOB (m/d/y)__________

Address______________________________

City____________________ Postal Code__________

Tel #______________ Alternate #______________

Dental Insurance Info

Insurance Provider__________ Group #__________ ID #__________

2nd Insurance Provider__________ Group #__________ ID #__________

Policy Holder's Name____________________ DOB (m/d/y)__________

Reason for Referral

- ☐ Comprehensive examination and treatment
- ☐ Specific examination and treatment implants______________________________

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☐ Implants	☐ Bone Grafting	☐ Extraction
☐ Crown Lengthening	☐ Soft Tissue Grafting	☐ Surgical Exposure
☐ Frenectomy	☐ Pocket Reduction	☐ Biopsy
☐ Sinus Augmentation	☐ Other______________	

Special Considerations______________________________

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Restorative Treatment Plan______________________________

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Radiographs ☐ Sent via MTS (Return or Keep) ☐ Emailed ☐ Take (Send Copy)

Referring Doctor____________________ Date__________

IF PATIENT IS A MINOR

Father's Name ______________________ Mother's Name ______________________

Work or Cell Phone __________________ Work or Cell Phone __________________

DENTAL INSURANCE

Policy Handler's First Name __________________ Last Name ____________________

Employer ________________________________ Date of Birth __________________

Insurance Company Name __________________ Group Policy # ________________

Certificate / ID # ______________ Plan % ________ Dependant # ______________

SECONDARY DENTAL PLAN

Policy Handler's First Name __________________ Last Name ____________________

Employer ________________________________ Date of Birth __________________

Insurance Company Name __________________ Group Policy # ________________

Certificate / ID # ______________ Plan % ________ Dependant # ______________