

# Referral Form

**Dr. Shah Bozorgi DDS**  
- Diplomate of the American  
Board of Oral Implantology  
- Advanced IV Sedation Provider



**Location 1: Greenheart Dentist**

604-792-7354  
1-9331 Mary St, Chilliwack, BC V2P 4H3

**Location 2: Mountain View Dental**

604-824-8610  
206 - 45485 Knight Road, Sardis, BC V2R 3G3

### Reason for Referral:

- Implants
  - Surgical Placement Only
  - Surgical and Final Prosthesis
  - Implant Bridge
  - Implants Overdenture
  - All on 4 / Teeth in a day
  - Full Mouth Reconstruction
- Grafting:
  - Gum Graft (For Gingival Recession)
  - Bone Graft
  - Sinus lift
  - Crown Lengthening
- Wisdom Teeth Extraction: \_\_\_\_\_
- Restorative / Root Canal treatment under Sedation: \_\_\_\_\_
- Other Procedure: \_\_\_\_\_
- CBCT Area of interest: \_\_\_\_\_ Field of View:  8x8  6x8  5x5 (Endodontics)

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Radiographs /CBCT:**  No Xray  E-Mailed  Mailed  With Patient

### Referring Dentist Information:

Name: \_\_\_\_\_ Office: \_\_\_\_\_

Phone: \_\_\_\_\_