



# abbotsford periodontics & implant dentistry

**DR. ANDREW HAN INC.**

33782 Marshall Road, Abbotsford, BC V2S 1L1

DMD, FRCD(C), Dip Perio, Dip ABP  
Certified Specialist in Periodontics

Tel: 604.870.8826 Fax: 604.853.3777  
Email: abbotsfordperio@gmail.com

Patient's Name \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Dental Insurance Info

Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

2<sup>nd</sup> Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_

### Reason for Referral

- Comprehensive examination and treatment
- Specific examination (localized area) and treatment areas: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Implants           | <input type="checkbox"/> Bone Grafting        | <input type="checkbox"/> Extraction        |
| <input type="checkbox"/> Crown Lengthening  | <input type="checkbox"/> Soft Tissue Grafting | <input type="checkbox"/> Surgical Exposure |
| <input type="checkbox"/> Frenectomy         | <input type="checkbox"/> Pocket Reduction     | <input type="checkbox"/> Biopsy            |
| <input type="checkbox"/> Sinus Augmentation | <input type="checkbox"/> Other: _____         |  |

Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restorative Treatment Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_



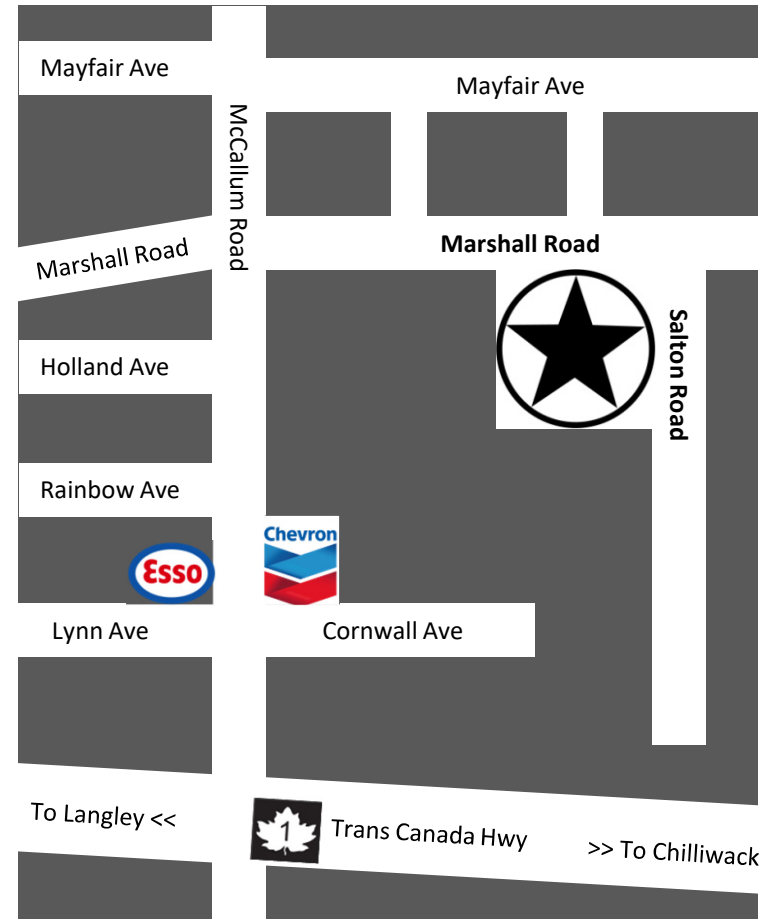
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**\*We are located off of Exit 90 at the corner of Marshall and Salton Roads.**

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