



**IMPERIO GROUP**  
PREMIUM DENTAL CARE

SUITE 401 - 221 WEST ESPLANADE  
WEST ELEVATORS  
NORTH VANCOUVER, BC V7M 3J3

**TEL: 604-983-9836**  
**FAX: 604-983-8003**  
**EMAIL: info@imperio.ca**

INTRODUCING: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_

CONTACT: TEL: \_\_\_\_\_ BUS: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_ TEL: \_\_\_\_\_

**DENTAL INSURANCE INFORMATION**

**PROSTHODONTIC CONSULT**

- VENEERS / CROWNS
- FULL MOUTH REHAB
- ALL-ON-4
- WORN DENTITION
- REMOVABLE PROSTHESES
- CT SCAN
- OTHER \_\_\_\_\_

**PERIODONTIC CONSULT**

- IMPLANT CONSULT, AREA (S) PLACEMENT \_\_\_\_\_
- COMPREHENSIVE PERIODONTAL EXAM \_\_\_\_\_
- SPECIFIC PERIODONTAL CONSULT, AREA (S) \_\_\_\_\_
  - CROWN LENGTHENING
  - RECESSION / KERATINIZED TISSUE
  - CUSPID EXPOSURE / FRENECTOMY
  - OTHER \_\_\_\_\_
  - LASER THERAPY
  - EXTRACTION / RIDGE PRESERVATION
  - BIOPSY

RADIOGRAPHS:  SENT  PATIENT WILL BRING  NONE AVAILABLE

MEDICAL HISTORY OR SPECIAL CONSIDERATIONS:

**PLEASE NOTE WE ARE A NON ASSIGNMENT OFFICE AND PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED.**

**PRIMARY INSURANCE CARRIER:** \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_ DOB: \_\_\_\_\_

GROUP PLAN # \_\_\_\_\_ CERT #/LD. #. \_\_\_\_\_

**SECONDARY INSURANCE CARRIER:** \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_ DOB: \_\_\_\_\_

GROUP PLAN # \_\_\_\_\_ CERT #/LD. #. \_\_\_\_\_

**ANY PERIODONTIST**     **ANY PROSTHODONTIST**

**DR. CHRISTOPHER LONG**, BDS, DMD, MSc, DIPL PERIO, FRCD(C)  
CERTIFIED SPECIALIST IN PERIODONTICS - OWNER

**DR. BOBBY BIRDI**, DMD, MSc, DIPL PERIO, FRCD(C), DIPL PROS, FACP, DABP  
CERTIFIED SPECIALIST IN PERIODONTICS - OWNER  
CERTIFIED SPECIALIST IN PROSTHODONTICS

**DR. NARIMAN AMIRI**, DMD, MHL, Cert. Prosthodontics, FRCD(C)  
CERTIFIED SPECIALIST IN PROSTHODONTICS

**DR. PAYAM MATIN**, DMD, MSD, DIPL PERIO, FRCD(C), DABP  
CERTIFIED SPECIALIST IN PERIODONTICS  
IMPLANT DENTISTRY

**COMMENTS:**

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