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**Dr. Javier E. Cabrales**

DMD, MDent Perio

Certified Specialist in Periodontology

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Patient's Name  Male  Female

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Email Address  DOB

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Home Phone  Work  Cell

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Please Call our patient to schedule an appointment

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Medical Alerts / Allergies / Concerns

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Radiographs attached  Panoramic  CBCT  BWs  PA  FMX

**Referring Dentist**

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Name  Date

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Phone  Fax  Email

**Reason for Referral**

COMPREHENSIVE PERIODONTAL EXAM

**Please provide details**

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SPECIFIC PERIODONTAL EXAM (SELECT BOX)

- Restorative Crown Lengthening
- Ridge Augmentation
- Recession / Keratinized Tissue
- Esthetic Crown Lengthening
- Sinus Augmentation
- Unerupted Tooth Exposure
- Extraction
- Other \_\_\_\_\_

DENTAL IMPLANT CONSULT

- Endentulous site(s) \_\_\_\_\_
- Extraction and immediate placement(s)

Preferred implant design (Straumann)

- Bone level
- Tissue level (NN/RN/WN)

Anticipated restoration \_\_\_\_\_

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*Thank you for the confidence of your referral.*

**Sierra Dental Airdrie**

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