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**Dr. Long Tieu**  
Certified Specialist in Orthodontics

Referring Dentist: \_\_\_\_\_

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

We are referring:

Patient: \_\_\_\_\_

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

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

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

**Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant History: (Indicate any special factors – either dental or medical- such as known allergies, and specific medical problems relevant to diagnosis and treatment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please call patient

An appointment has been made

Referral sent by email on (date): \_\_\_\_\_