

**Dr. Javier E. Cabrales**

DMD, MDent Perio

**Certified Specialist in Periodontology**

Patient's Name  Male  Female

Email Address DOB

Home Phone Work Cell

Please Call our patient to schedule an appointment

Medical Alerts / Allergies / Concerns

Radiographs attached  Panoramic  CBCT  BWs  PA  FMX

**Referring Dentist**

Name Date

Phone Fax Email

**Reason for Referral**

COMPREHENSIVE PERIODONTAL EXAM

**Please provide details**

SPECIFIC PERIODONTAL EXAM (SELECT BOX)

- |   |  |
|---|--|
| <input type="checkbox"/> Restorative Crown Lengthening<br><input type="checkbox"/> Recession / Keratinized Tissue<br><input type="checkbox"/> Sinus Augmentation<br><input type="checkbox"/> Extraction<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Ridge Augmentation<br><input type="checkbox"/> Esthetic Crown Lengthening<br><input type="checkbox"/> Unerrupted Tooth Exposure |
|---|--|

DENTAL IMPLANT CONSULT

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

Preferred implant design (Straumann)

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

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

*Thank you for the confidence of your referral.*

**Sierra Dental Signal Hill**  
 5982 Signal Hill Centre SW  
 Calgary, AB T3H 3P8  
 Phone 403-297-9600  
[info@sierradental.ca](mailto:info@sierradental.ca)

**Sierra Dental Airdrie**  
 113 – 1300 Market Street SE  
 Airdrie, AB T4A 0K9  
 Phone 403-768-1000  
[airdrieinfo@sierradental.ca](mailto:airdrieinfo@sierradental.ca)