



SIERRA DENTAL

Date _____

Dr. Faraz Tavooosi

DDS, MSc, FRCDC

Certified Specialist in Orthodontics

Patient's Name _____

DOB _____ Phone Number _____

Email Address _____

Medical Alerts/Allergies/Concerns _____

Referring Dentist

Name _____ Clinic _____

Email _____ Phone _____

Reason for Referral:

Any Additional Comments:

Thank you for the confidence of your referral.

#113 1300 Market St
Airdrie, AB T4A 0K9
403-768-1000
airdrieinfo@sierradental.ca