SIERRA DENTAL
PERIODONTICS

☐ **Dr. Benjamin R. Thomas**
DDS, MPH, Dip., Perio, FRCD ©
Certified Specialist in Periodontology

☐ **Dr. Javier E. Cabrales**
DMD, MDent Perio, FRCD ©
Certified Specialist in Periodontology

☐ **Please schedule with whomever has the first available appointment**

Patient's Name ☐ Male ☐ Female

Email Address DOB

Home Phone Work Cell

Preferred contact method ☐ Phone ☐ Email

Medical Alerts / Allergies / Concerns

Radiographs attached ☐ Panoramic ☐ CBCT ☐ BWs ☐ PA ☐ FMX

Referring Dentist

Name Date

Phone Fax Email

Reason for Referral

☐ COMPREHENSIVE PERIODONTAL EXAM

☐ SPECIFIC PERIODONTAL EXAM (SELECT BOX)

- ☐ Restorative Crown Lengthening
- ☐ Recession / Keratinized Tissue
- ☐ Sinus Augmentation
- ☐ Extraction
- ☐ Ridge Augmentation
- ☐ Esthetic Crown Lengthening
- ☐ Unerupted Tooth Exposure
- ☐ 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 _____

Thank you for the confidence of your referral.

☐ **Sierra Dental Airdrie**
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