

Date \_\_\_\_\_

**Dr. Javier Cabrales**

DMD, MDent Perio  
Certified Specialist in Periodontology

**Dr. Jill Bashutski**

DDS, MS, Cert Perio FRDC(C)  
Certified Specialist in Periodontology

Patient's Name \_\_\_\_\_

DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Medical Alerts/Allergies/Concerns \_\_\_\_\_

**Referring Dentist**

Name \_\_\_\_\_ Clinic \_\_\_\_\_

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

**Radiographs:**     Panoramic     CBCT     FMX     BWs     PAX

**Reason for Referral:**

Comprehensive Periodontal Exam

Specific Periodontal Exam

Restorative Crown Lengthening

Ridge Augmentation

Recession / Keratinized Tissue

Esthetic Crown Lengthening

Sinus Augmentation

Unerupted Tooth Exposure

Extraction

Other \_\_\_\_\_

Implant Consultation Site(s) \_\_\_\_\_

Bone Level \_\_\_\_\_  Tissue Level (NN / RN / WN)

Refer internally to additional Specialist(s) if recommended:    Yes    No

**Comments:**