



☐ First available Periodontist

☐ JASWINDER BRAR
D.D.S., M.Dent. FRCD (C)

☐ KULBIR MANHAS
D.D.S., M.Dent. FRCD (C)

☐ JHOYLI LABRADOR
D.D.S., M.Sc (Perio), FRCD (C)

Periodontal Health & Dental Implants

**403 Northland Professional Centre
4600 Crowchild Trail N.W.
Calgary, Alberta
T3A 2L6**

**Email: info@calgaryperio.ca
Web: www.calgaryperio.ca
Phone: 403-288-3334
Fax: 403-288-7849**

Referred by Dr. _____

Referring Office (Name/Phone/Fax): _____

REQUIRED INFORMATION:

Introducing: _____ (H): _____
First (Given name) / Last (Surname)
(Month/Day/Year)
D.O.B.: ____/____/____ Male/Female _____ (W): _____
Referral Date: _____ Email: _____

Please fax or email the referral and forward all radiographs via email/mail. PLEASE DO NOT send x-rays with the patient. **Is this patient covered under a government plan such as AISH? Yes or No**

Referred For:

- ☐ Comprehensive Periodontal Examination
- ☐ Dental Implant Consultation Site: _____
Please provide Preferred Implant (Nobel/Straumann/3i/Other)
- ☐ Periodontal Plastic Surgery (Gingival Grafting) Site: _____
- ☐ Single Site Assessment (no other areas of concern) Site: _____
- ☐ Crown Lengthening Site: _____
- ☐ Other: _____

Radiographs / Periodontal Records (please forward all available at time of Referral)

- ☐ E-mailed/Mailed (Panorex/BW's/PA's/FMX/Ceph/Probing Chart) _____

Comments (if any)

☐ Urgent Priority Required