calgaryperio™

☐ 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_____ (C): _____

Referral Date: _____ Email: _____

Please **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:** **Please provide all relevant information and history in the comments section.**

- ☐ Comprehensive Periodontal Examination (Full Mouth Assessment)
- ☐ Single Site Assessment (no other areas of concern)
  - ☐ Dental Implant Consultation Site: _____
  - ☐ Periodontal Plastic Surgery (Gingival Grafting) Site: _____
  - ☐ Crown Lengthening (Esthetic and/or Functional) Site: _____
  - ☐ Ortho/Canine Exposure Site: _____
  - ☐ Peri-Implantitis (Please provide relevant implant information) Site: _____
  - ☐ Pathology Site: _____
  - ☐ Other:_____

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

Comments (Mandatory)

☐ **Urgent Priority Required**