



First available Periodontist

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

KULBIR MANHAS
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Periodontal Health & Dental Implants

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Email: info@calgaryperio.ca
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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