

# CHINOOK DENTAL GROUP

PERIODONTICS    ENDODONTICS    PROSTHODONTICS

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DMD, MDent Perio    DDS, MSD, Cert. Prosthodontics    DDS, DMD, MSc, Dip. Endo, FRCD (c)  
Certified Specialist in Periodontology    Certified Specialist in Prosthodontics    Certified Specialist in Endodontics

*Please select all in house specialists you would like to refer to.*

Patient's Name	Date
Home Phone	Cell
Email Address	DOB

Medical Alerts / Allergies / Concerns

## Referring Dentist

Name	Clinic
Email	Phone

**Radiographs**     **Panoramic**     **CBCT**     **FMX**     **BWs**     **PAX**  
**Sent**     **With Patient**     **By Email**     **None**

## Reason for Referral

- COMPREHENSIVE PERIODONTAL EXAM     IMPLANT CONSULT  
 SPECIFIC PERIODONTAL EXAM     ENDODONTIC CONSULTATION ONLY  
 COMPREHENSIVE PROSTHODONTIC EXAM     ENDODONTIC CONSULTATION AND TREATMENT  
 LIMITED PROSTHODONTIC EXAM  
 COMPREHENSIVE CARE INVOLVING SELECTED SPECIALISTS

*Thank you for the confidence of your referral.*

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