CHINOOK DENTAL GROUP

PERIODONTICS ENDODONTICS PROSTHODONTICS

Dr. Javier E. Cabrales
DMD, MDent Perio
Certified Specialist in Periodontology

Patient's Name | Date

Email Address | DOB

Home Phone | Work | Cell

☐ Please call our patient to schedule an appointment

Medical Alerts / Allergies / Concerns

Radiographs attached ☐ Panoramic ☐ CBCT ☐ BWs ☐ PA ☐ FMX

Referring Dentist

Name | Clinic

Phone | Fax | Email

Reason for Referral

☐ COMPREHENSIVE PERIODONTAL EXAM

Please provide details

☐ SPECIFIC PERIODONTAL EXAM (SELECT BOX)

- ☐ Restorative Crown Lengthening
- ☐ Recession / Keratinized Tissue
- ☐ Sinus Augmentation
- ☐ Extraction
- ☐ Other _____
- ☐ Ridge Augmentation
- ☐ Esthetic Crown Lengthening
- ☐ Unerupted Tooth Exposure

☐ DENTAL IMPLANT CONSULT

site(s) _____

Preferred implant design (Straumann)

- ☐ Bone level
- ☐ Tissue level (NN/RN/WN)

Anticipated restoration _____

Thank you for the confidence of your referral.

Chinook Dental Group
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