



Dr. Michael Trac BSc, DMD

Associate Fellow of the American Academy of Implant Dentistry
Fellow of International Congress of Oral Implantologists
Member of the Academy of Osseointegration

Date: _____

Introducing: _____ DOB: _____ F or M

Phone: (Home) _____ (Cell) _____

Current Panorex to be emailed to Ti Dental or have it sent with the patient (taken within the last 2 years) and when was the Panorex was taken :

Day/Month/Year _____

****Please note that Dr. Trac may request a new Panorex or CBCT scan at the consult, regardless of the age of the current Panorex.*

Office Location:

- CALGARY**
Ste. 708, 6455 Macleod Trail SW
Calgary, AB T2H 0K5
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E: info@tidental.ca
www.tidental.ca

Reason for Referral:

Implant placement - Details: _____

Bone grafting - Details: _____

Extraction - Details: _____

CBCT Scan - Details: _____

Other - Details: _____

Referred by: _____ **Phone:** _____