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Periodontics & Dental Implants

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Call us or visit us at [www.huntingtonbeachperiodontics.com](http://www.huntingtonbeachperiodontics.com)  
for online access to patient information, forms and scheduling appointments.

Patient's Name \_\_\_\_\_ Today's Date: \_\_\_\_\_  
FIRST NAME LAST NAME

Referred by: \_\_\_\_\_ Patient Phone#: \_\_\_\_\_

**Reason for Referral:**

- Comprehensive Periodontal Exam
- Pocket Reduction
- Crown Lengthening
- Implant Consultation
- Socket Preservation
- Ridge/Sinus Augmentation
- Gingival Grafting
- Other/Emergency Treatment \_\_\_\_\_

**Areas of Special Concern:**

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

**Radiographs:**

- We will send a recent FMX to you before the examination appointment
- Take a new FMX and return a set to me

**Additional information or special instructions:** \_\_\_\_\_

**Patient History:**

How long has this patient been in your practice?  New  Patient since: \_\_\_\_\_

**Maintenance Interval:**  \_\_\_\_\_ 3-4 months  \_\_\_\_\_ 6 months  Sporadic

**Previous Periodontal Therapy:**  None

Root Planing:  Area: \_\_\_\_\_  Year: \_\_\_\_\_  Month: \_\_\_\_\_

**Restorative Treatment Plan and/or Proposed Extractions:**

Yes  No  If so, please briefly outline: \_\_\_\_\_

**How would you like to be contacted?**

- Please CALL ME to discuss the case PRIOR TO their appointment
- Please CALL ME to discuss the case AFTER their appointment
- Please MAIL ME your findings and proposed treatment plan

THANK YOU FOR YOUR REFERRAL \_\_\_\_\_

Referring Doctor Signature

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