



HYUNG JIN BAE, DDS, MS

- Advanced Implant & Dentoalveolar Surgery
- Periodontal Plastic Surgery
- Comprehensive Periodontics

Diplomate, American Board of Periodontology
Board Certified in Periodontics and Dental Implant Surgery
Fellow, Institute for Advanced Laser Dentistry

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Patient's Name

Referring Dr.

Phone

Date

Pre-Medication Required? ☐ Yes ☐ No

If yes, please take 1 hour prior to exam

Last Treatment in your office was for

Have you advised the patient of the possibility of extraction of any teeth?

☐ Yes ☐ No If so, which teeth?

Right

12345678910111213141516

32313029282726252423222120191817

Left

REASON FOR REFERRAL

☐ PERIODONTAL EVALUATION

☐ DENTAL IMPLANT CONSULTATION

☐ COSMETIC CONSIDERATIONS

☐ SMILE ENHANCEMENT

☐ ORTHO-PERIO COMPLICATIONS

☐ ENDO-PERIO COMPLICATIONS

☐ CAVITATION TREATMENT

Specific issues and procedures :

☐ Pockets

☐ Bone Loss

☐ Mobility

☐ Inflammation

☐ Furcation

☐ Peri-Implantitis

☐ Other

☐ Recession

☐ Thin/Fragile gingiva

☐ Shallow Vestibules

☐ Lack of Keratinization

☐ Frenum Pull

☐ Partial/Full Edentulism

☐ Ridge Augmentation

☐ Soft Tissue Augmentation

☐ Sinus Augmentation

☐ Site Prep/ GBR

☐ Impacted Canine Exposure

☐ Periodontal Regeneration

☐ Surgically Assisted Ortho

☐ Crown Lengthening

☐ LANAP/LAIP

☐ Frenectomy/ Vestibuloplasty

☐ Distal/Mesial Wedge

☐ Full Mouth Implant Tx Design

☐ Incision & Drainage

☐ Gingival Plastic Surgery

☐ Alveoloplasty

☐ Cavitation Surgery

☐ Extraction

☐ Implant

Special concerns/ comments :

Do you have any restorative plans for treating this case? ☐ Yes ☐ No If yes, please briefly outline your plans :

Last full-mouth radiographs

Date taken

☐ Given to Patient

☐ Please Take New

☐ Emailed to your office

☐ Mailed to your office

Scaling and root planing completed

Date performed

☐ Yes ☐ No