Aaron J. Colby DDS MS
Board Certified Periodontist

Periodontics Hawaii LLC
Periodontics & Dental Implants

Referring Doctor:______________________ Office Phone #:____________________

Patient's Name:_______________________ Patient's Phone #:___________________

Reason for referral:

- o Complete Periodontal evaluation
- o Localized Periodontal evaluation
- o Soft Tissue Recession
- o Prosthetic Crown Lengthening
- o Esthetic Crown Lengthening
- o Tooth extraction
- o Implant evaluation
- o Ridge Augmentation
- o Sinus Lift (Right or Left)

Call: (808) 728-7774

Date of Referral:____________________

Date of Appointment:________________

X-Rays will be: (please check one)

- o Will be emailed to: periodonticshawaii@periohi.com
- o Patient will hand carry to appointment
- o Needs new X-rays

o Other Instruction or Information:___________________________________
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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Office Locations:

Hawaii Kai:

6700 Kalanianaole Hwy
Suite 216A
Honolulu, Hi 96825

Waipahu: (Wed & Sat only)

94-300 Farrington Hwy
Suite D-02
Waipahu, Hi 96797