



Big Island Periodontics and Implants
45-3290 Ohia St. #1
Honoka'a, HI 96727

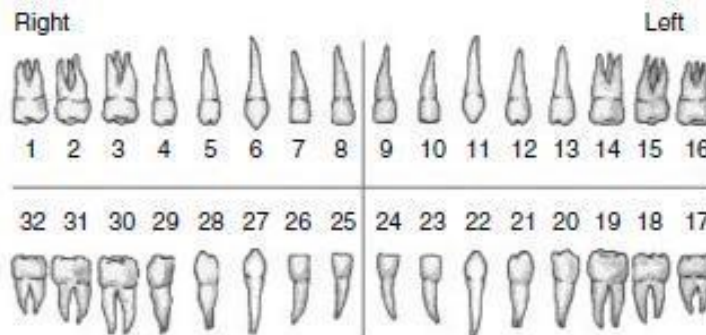
Phone: 808-775-7294
FAX: 808-775-1314
Email: bigislandimplants@gmail.com
Website: www.bigislandimplants.com

Patient Name: _____ Date: _____
Patient Phone Number: _____ DOB _____
Mailing Address: _____
INS PPO Plans Only: HDS Insurance ID: _____
Referring Doctor: _____ Office Phone: _____
Email: _____ Fax: _____

REFERRAL REQUEST

- | | |
|---|---|
| <input type="checkbox"/> Comprehensive Periodontal Exam | <input type="checkbox"/> Limited Periodontal Exam |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Extraction and Site Development |
| <input type="checkbox"/> Sinus Augmentation | <input type="checkbox"/> Bone Grafting/Ridge Augmentation |
| <input type="checkbox"/> Recession Defects | <input type="checkbox"/> Soft Tissue Grafting |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Esthetic Crown Lengthening |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Other _____ | |

Tooth/Area: _____



Comments:

Please send any available x-rays: Mailed/Emailed Please take radiographs

Note: A full-mouth radiographic series (within 2 years) is required for comprehensive periodontal exams. If diagnostic radiographs are not available, we will complete additional diagnostic imaging as needed. Please notify patients that we only participate with HDS PPO plans