



**KONA Periodontics & Implants**

77-6447 Kuakini Hwy  
Kailua Kona, HI 96740

Jeremy J Oakley DDS, MSD  
*Board Certified in Periodontology and Dental Implant Surgery*

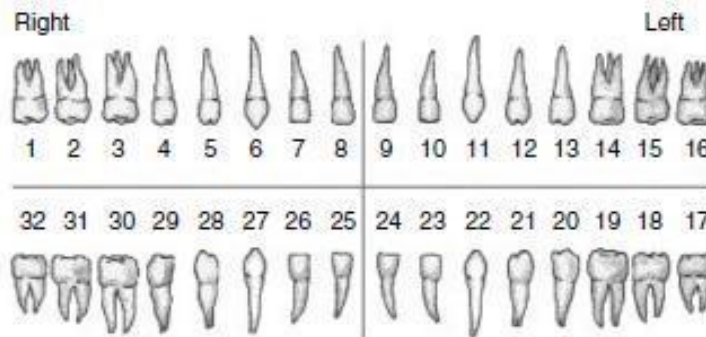
Phone: 808-329-7246  
FAX: 808-461-3925  
Email: manager@konaperio.com  
Website: www.konaperio.com

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
HDS Insurance ID (if applicable): \_\_\_\_\_  
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. We only participate with HDS insurance plans.