HAWAII FAMILY DENTAL
500 Ala Moana Blvd., Tower 7, Suite 300
Honolulu, HI 96813

Brett Sterling, DDS
Oral and Maxillofacial Surgery
Phoane (808) 538-1813 Fax (808) 523-2082
Waterfront_OS@HawaiiFamilyDental.com

Patient Name: _____ Male ☐ Female ☐

Patient Date of Birth: _____ Patient Phone Number: _____

Insurance Type: _____ Patient Insurance ID Number: _____

If patient is under 18 years old, Parent / Legal Guardian Name: _____

Tooth Number / Area of Concern: _____

Reason for Referral: _____

☐ Extraction Tooth # _____ ☐ Expose and Bond # _____ ☐ Pathalogy

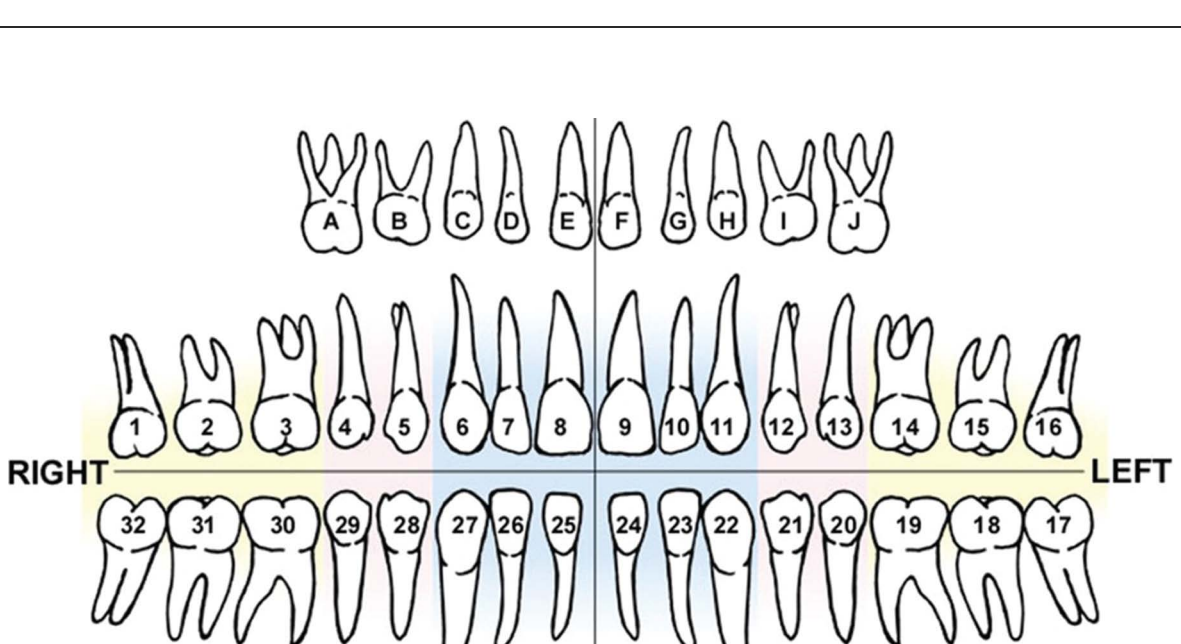
☐ Implants / Bone Grafting # _____ ☐ Implants: Implant System Preferred: _____

☐ Other: _____

Patient Medical History (if any): _____

Current Medications: _____

Allergies: _____



Comments: _____

Referring Doctor: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email: _____