



**Erik K. TinHan, D.D.S.**  
Orthodontic Specialist

**Pearl City**  
Times Square Shopping Center  
98-1268 Kaahumanu St.  
Suite 105  
Pearl City, HI 96782

**Hawaii Kai**  
377 Keahole St.  
Suite 211A  
Honolulu, HI 96825

**Ph: (808) 485-2444**  
**Fax: (808) 485-2587**  
**E-mail: Ortho@dr.com**  
**www.tinhanortho.com**

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Radiographs Available \_\_\_\_\_

Reason For Referral:

Please Perform Orthodontic Evaluation

Specific Concerns \_\_\_\_\_

Restorative Treatment is:

Complete. Patient is ready for orthodontic treatment

In Progress. Please confirm completion of restorative work prior to starting treatment.

**Instructions to patient**

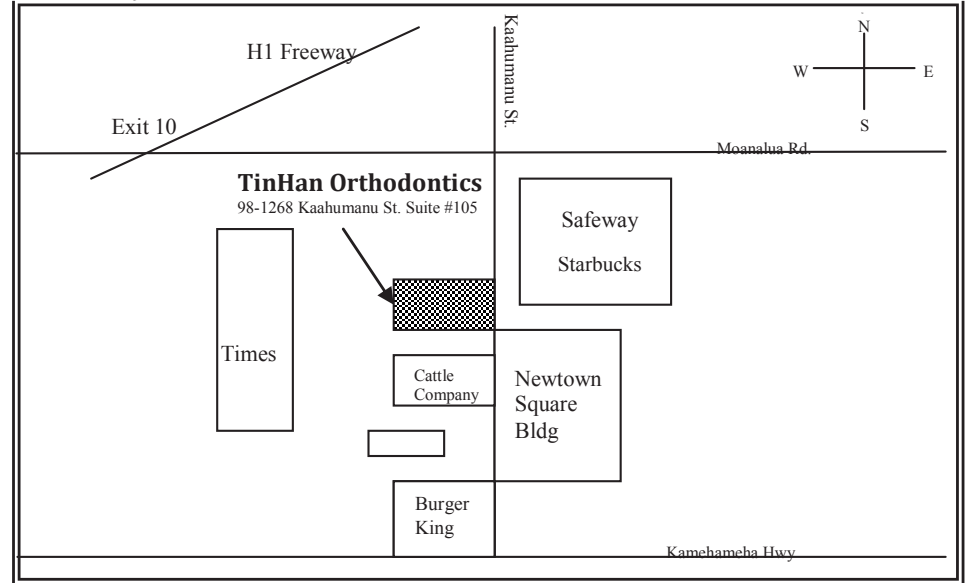
1. Please call to schedule your first appointment 485-2444
2. Record appointment day, date, time below
3. Bring this referral with you to your first appointment
4. As a courtesy to the referring doctor there will be no charge for the initial consultation.

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

(Map on back)



**Pearl City**



**Hawaii Kai**

