



Dean S. Arashiro, DDS, MS
PERIODONTICS – IMPLANTS – LASER GUM SURGERY

Maui Lani Village Center
145 Ma'a Street
Kahului, Hawaii 96732

Patient _____

Date _____

Birth Date _____

Telephone # _____

Dental Insurance _____

Referred by _____

___ Complete Periodontal Treatment

___ Gingival GraftsTeeth _____

___ GingivectomyTeeth _____

___ Crown LengtheningTeeth _____

___ ImplantsTeeth _____

___ Emergency TreatmentTeeth _____

Comments: _____

Medical Considerations: _____

Past Periodontal History: _____

Current PANO or FMX? Please email to mauigumdocoffice@gmail.com

Appointment Date / Time _____

(808) 893-0880

FAX (808) 893-0881

WWW.MAUGUMDOC.COM