

**Lisa Kai Klosterman, DDS, MS**
Board Certified Orthodontist
934 Punahou St, Ste. E
Honolulu, Hawaii 96826
**808-777-2377**
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Date

Patient's Name | Age | Telephone

Referring Doctor | Telephone

**Type of concern:**

☐ Malocclusion ☐ Spacing
☐ Esthetics/Profile/Smile ☐ TMJ
☐ Jaw Bone Discrepancy ☐ Crowding
☐ Grinding/Clenching/Mouth Breathing/Snoring
☐ Other concerns: _____

Comments

**Restorative Treatment:**

☐ Completed
☐ In progress
☐ Complete post ortho

**Radiographs:**

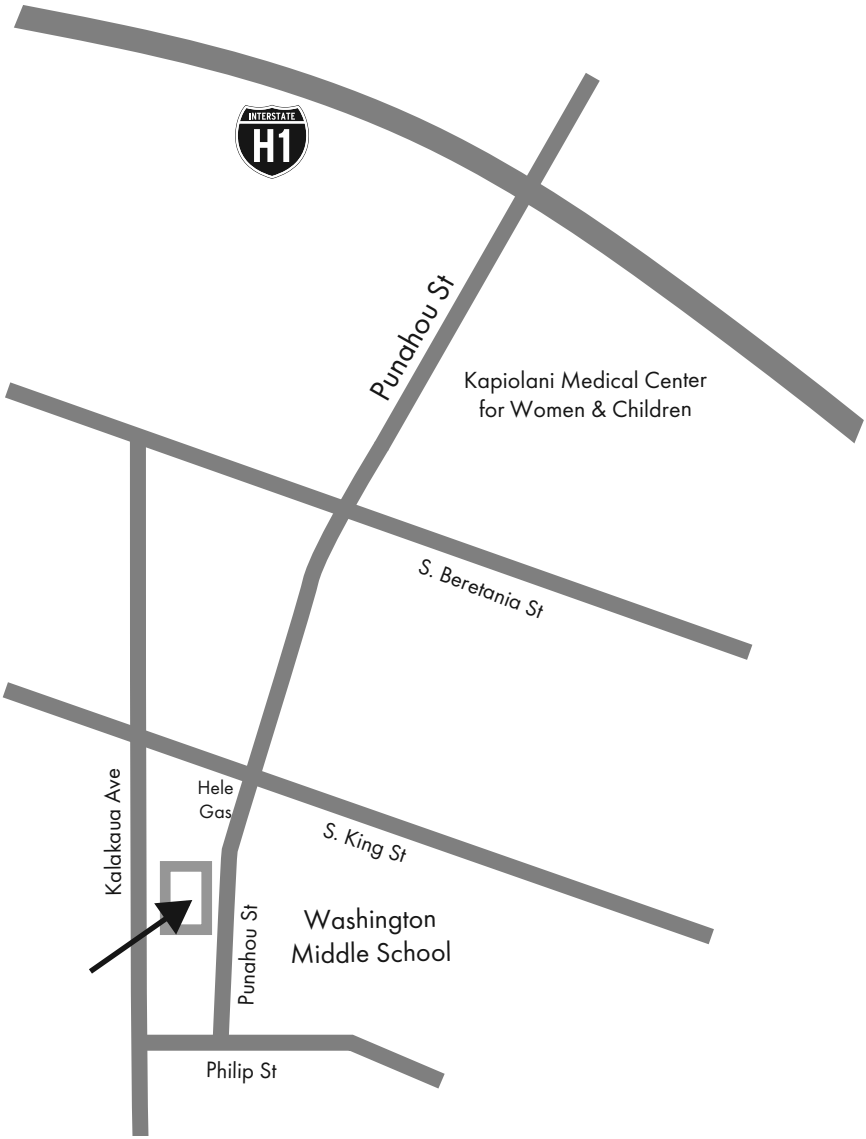
☐ Enclosed (keep/return)
☐ Mailed/e-mailed separately
☐ Needed

**Appointment:**

☐ Please call patient
☐ Patient will call
☐ Scheduled for _____ at _____
date time



# Kai Orthodontics, Honolulu

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(King Kalakaua Dental Center)