

Eugenia Lee Orthodontics

www.leesortho.com

425-486-5033

Date _____

Introducing _____

Patient Phone _____

Referred by Doctor _____

Remarks _____

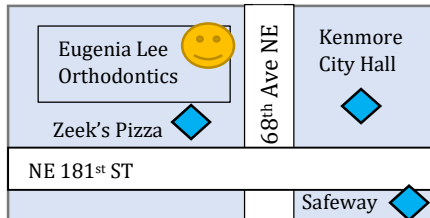
Restorative Treatment

is completed is underway is pending orthodontic findings

Recent full mouth / panoramic radiographs are available

Periodontal status _____

Referring provider: please kindly send your referral to our office



18115 68th Ave NE Ste C104
Kenmore, WA 98028
425-486-5033
info@leesortho.com
www.leesortho.com

Contact us for a complimentary consultation!