



**PATRICK C. LEE** D.D.S., M.S., INC.  
*Orthodontics for Children & Adults*

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 Fax: 714-778-6989  
 www.leeorthodontics.com

Patrick C. Lee, D.D.S., M.S.  
 Practice Limited to Orthodontics & Dentofacial Orthopedics

Date: \_\_\_\_\_

INTRODUCING: \_\_\_\_\_

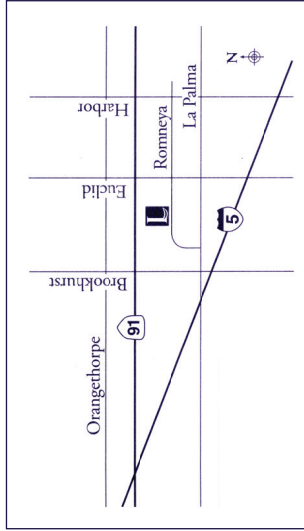
Referred By: \_\_\_\_\_

Referring Dr. Address: \_\_\_\_\_

Referring Dr. Telephone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_



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