



Hyun Lee, D.D.S., M.S.

**ORTHODONTIC REFERRAL**

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

Introducing: \_\_\_\_\_  
Last First

Patient Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

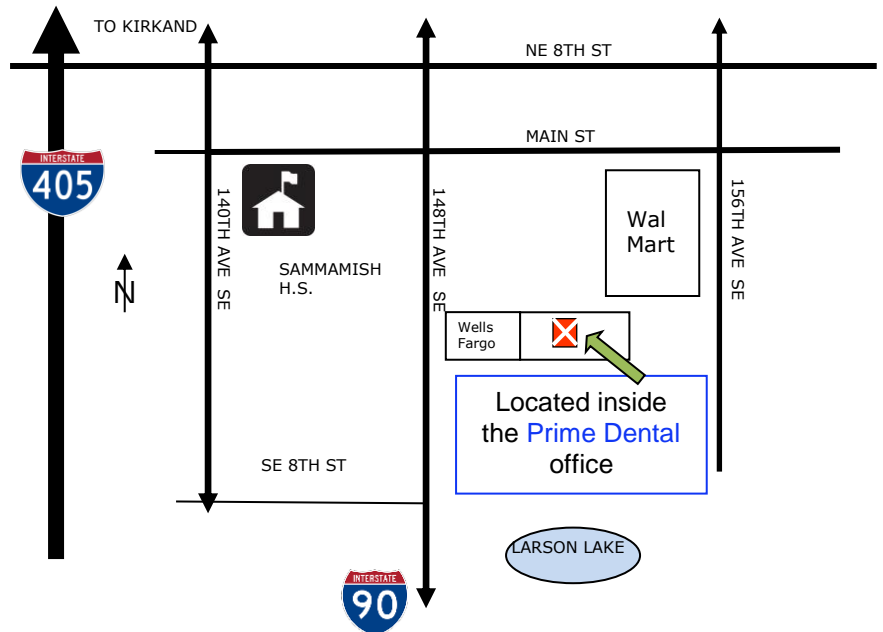
Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X-rays Sent to kimandleeortho@gmail.com  X-rays Needed

Dear Patient/Parent:

You may schedule an examination appointment at our Bellevue office. After your call you will receive information on what to expect at the initial visit. Every patient's orthodontic needs are different – and therefore, so are the treatment options. We promise to give you the personal and individual attention you deserve. Your first orthodontic appointment will consist of a thorough examination, X-rays if needed and discussion of potential treatment options. This important visit will address your orthodontic needs to determine a course of action – and when treatment should begin. Please bring this form for our reference. We look forward to meeting you.



THERE IS NO CHARGE FOR THE INITIAL EXAMINATION