



KIM & LEE
ORTHODONTICS

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Member American Association of Orthodontists

ORTHODONTIC REFERRAL

Date: _____

Introducing: _____
Last First

Patient Phone: _____ Patient email: _____

Referred by: _____

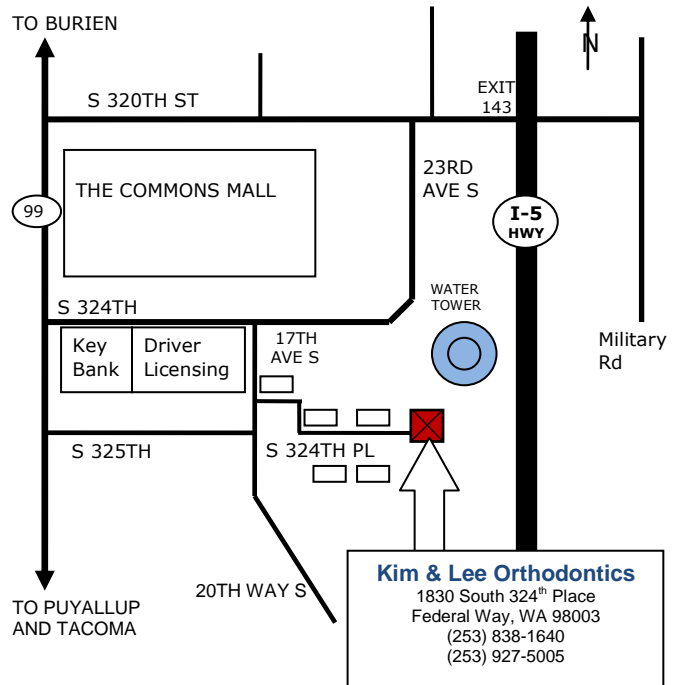
Concerns: _____

X-rays Sent to kimandleeortho@gmail.com

X-rays Needed

Dear Patient/Parent:

You may schedule an examination appointment at our Federal Way 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