

Dr. Michelle M. Lee Inc.

Certified Specialists in Periodontics

Dr. Andrew C. Han Inc.

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To: Dr. Michelle M. Lee Dr. Andrew C. Han

Referring Dentist Dr. _____

Address: _____

Phone: _____ Fax: _____

We are Referring

Patient: _____ Date of Birth: _____

Address: _____

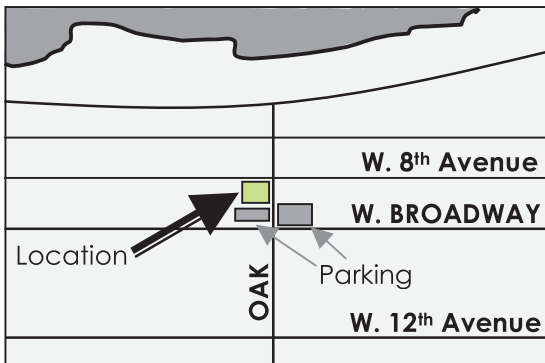
Phone: Res: _____ Bus: _____

- Please call patient Patient will call
- Radiographs enclosed Please take any necessary radiographs
- Study casts available

Reason for Referral

- Comprehensive examination Specific examination
- Dental Implant, Consultation and Treatment

Indicate Area(s) of Concern



Appointment

Date: _____

Time: _____

Parking behind BCAA and in the alley behind Dr. Lee and Dr. Han's office

referral