



MARYSVILLE orthodontics

Robert C. Lee, DDS, PhD, MSD
Board Certified Orthodontist

Patient: _____ DOB: _____

Phone: _____

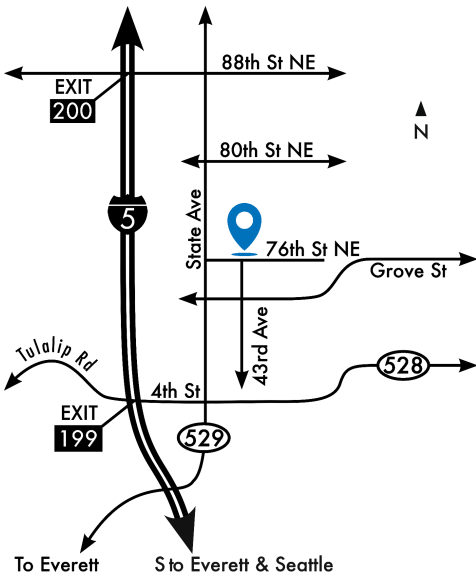
Referred by: Dr. _____ Date: _____

- Current Panoramic X-ray available
- Sent to team@orthomarysville.com
- X-ray Needed

For the evaluation of the following problem(s)

- Chief Complaint: _____
- Crowding / Spacing
- Open / Deep Bite
- Space Maintenance
- Crossbite
- Impacted Teeth
- Pre-prosthetic Preparation

Comments: _____



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We appreciate the confidence your doctor has shown by referring you to our office. We look forward to meeting you on your first visit! During this time, we will help you get acquainted with our office and learn about the benefits orthodontic treatment may offer you.

YOUR INITIAL CONSULTATION IS COMPLIMENTARY