



EVERGREEN ORTHODONTICS

DR. DAEUN "GA" LEE

D.M.D., M.S. Ortho., Dipl. A.B.O., FRCD (C)

Certified Specialist in Orthodontics

T: 604 - 671 - 2255

smile@evergreenorthodontics.ca

Date: _____

INTRODUCING:

Patient Name: _____

D.O.B. (MM/DD/YYYY) : _____ Phone: _____

FOR A COMPLIMENTARY CONSULTATION:

Referred by Dr. _____ Phone: _____

REASON FOR REFERRAL:

- | | | |
|--|--|---|
| <input type="checkbox"/> Crowded Teeth | <input type="checkbox"/> Spaced Teeth | <input type="checkbox"/> Anterior Crossbite |
| <input type="checkbox"/> Posterior Crossbite | <input type="checkbox"/> Open Bite | <input type="checkbox"/> Deep Bite |
| <input type="checkbox"/> Protruded Teeth | <input type="checkbox"/> TMJ Dysfunction | <input type="checkbox"/> Invisalign |
| <input type="checkbox"/> Tooth Alignment for Crown/Bridge/Implant(s) | | |

RADIOGRAPHS:

- Enclosed With Patient Emailed Take new radiographs

SPECIAL NOTES:

■ **Coquitlam Office:**
 #120 - 1960 Como Lake Ave.
 Coquitlam V3J 3R3

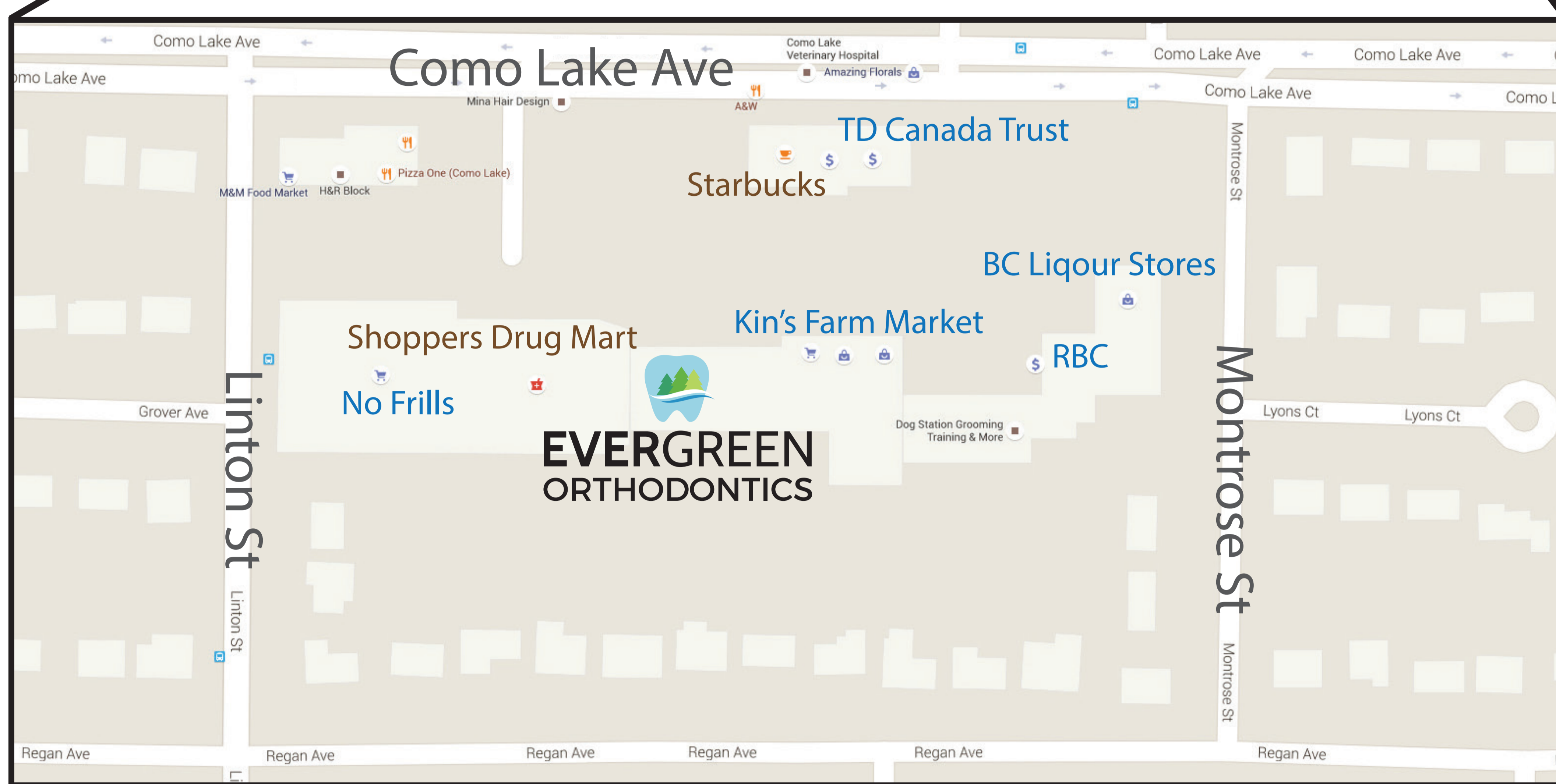
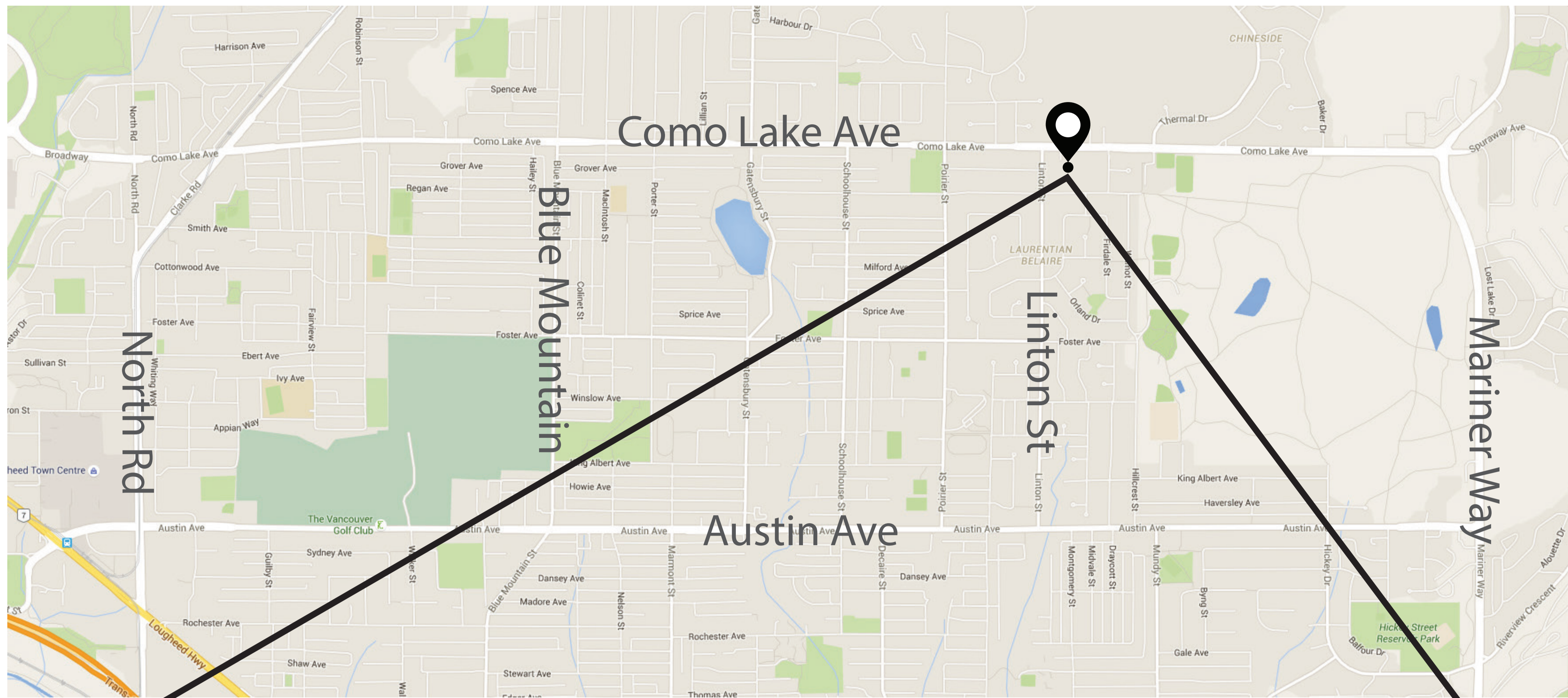
■ **Vancouver Office:**
 3770 W. 10th Ave.
 Vancouver V6R 2G4

Please email this referral to smile@evergreenorthodontics.ca & give a copy to the patient

■ Please send more referral forms

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