Dr. Michelle M. Lee Inc.

Dr. Andrew C. Han Inc.

Certified Specialists in Periodontics

#210–2425 Oak Street, Vancouver, BC, Canada V6H 3S7
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referral

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

Referring Dentist Dr. ____________________

Address: ____________________

Phone: ____________________ Fax: ____________________

We are Referring

Patient: ____________ ____________ Date of Birth: ____________
First Last Day/Month/Year

Address: ____________________

Phone: Res: ____________________ Email: ____________________

☐ Please call patient ☐ Patient will call

☐ Radiographs enclosed ☐ Please take any necessary radiographs

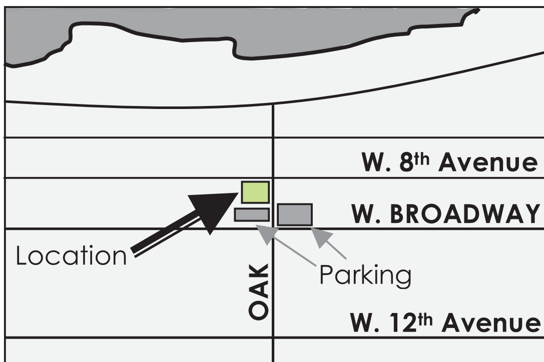
☐ Study casts available

Reason for Referral

☐ Comprehensive Examination ☐ Specific Examination (localized area)

☐ Dental Implant, Consultation and Treatment

Indicate Area(s) of Concern



Appointment

Date: ____________________

Time: ____________________

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

* Please Note: We do not provide IV sedation in our office.