

DENTAL DESIGN CONCEPTS

DR. CORNELL K. LEE | DR. BERNIE A. LINKE

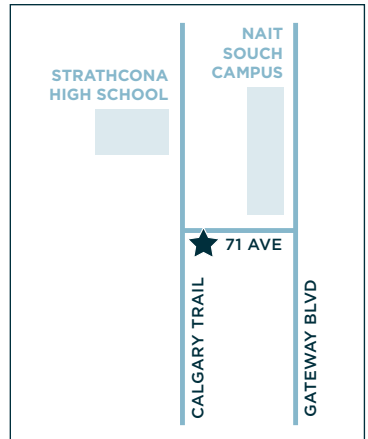
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INTRODUCING _____ **DATE** _____

PH(H) _____ **PH(W)** _____ **PH(C)** _____

APPOINTMENT _____

REFERRED TO DR LEE LINKE EITHER

REFERRED BY DR _____ **PH** _____

CONSULTATION REGARDING

RADIOGRAPHS EMAILED (*Preferred*)

ENCLOSED WITH PATIENT NONE