

# DENTAL DESIGN CONCEPTS

**DR. CORNELL K. LEE**

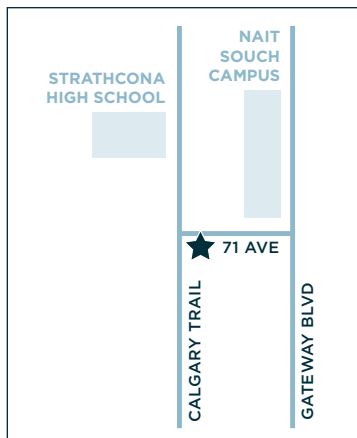
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**INTRODUCING** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PH(H)** \_\_\_\_\_ **PH(W)** \_\_\_\_\_ **PH(C)** \_\_\_\_\_

**APPOINTMENT** \_\_\_\_\_

**REFERRED BY DR** \_\_\_\_\_ **PH** \_\_\_\_\_

## CONSULTATION REGARDING

### RADIOGRAPHS

EMAILED (*Preferred*)

ENCLOSED

WITH PATIENT

NONE