



NELA
ORTHODONTICS

PETER LEE DDS MS

board certified orthodontist
specialist in Braces and Invisalign

Patient Name: _____ Date: _____

Reason for Referral

- Orthodontic Evaluation
- Specific Concerns _____

Referring Dr: _____

Phone: _____ Email: _____

Does the patient have your permission to start treatment? Y N

Is there dental treatment pending?

If so, list teeth/restorations: _____

Please call me prior to starting treatment

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Please Call (323) 255-0193 to schedule your FREE consultation!

Please bring this form to your appointment