



PATRICK C. LEE D.D.S., M.S., INC.

Orthodontics for Children & Adults

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Patrick C. Lee, D.D.S., M.S.

Practice Limited to Orthodontics & Dentofacial Orthopedics

Date: _____

INTRODUCING: _____

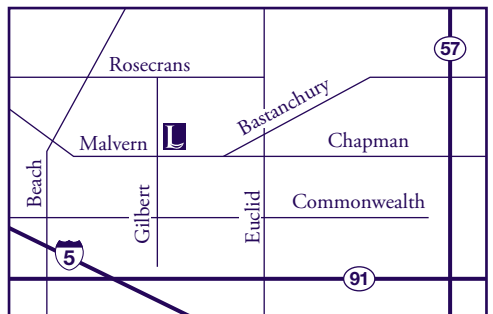
Referred By: _____

Reason for Referral: _____

Appointment Date/Time: _____

FULLERTON

Amerige Heights Town Center



Members
American Association of
Orthodontists

