



BAY MEADOWS
ORTHODONTICS

REFERRAL FORM

Date: _____

Patient's Name: _____ Sex: M F

Date of Birth: _____

Procedure Recommended:

- Invisalign® Treatment
- Phase I Orthodontic Treatment
- Comprehensive Orthodontic Treatment
- Pre-restorative (Adjunctive) Orthodontic Treatment
- Combined Surgical and Orthodontic Treatment
- TMJ Treatment

Additional Comments:

Referred by: _____

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www.baymeadowsorthodontics.com



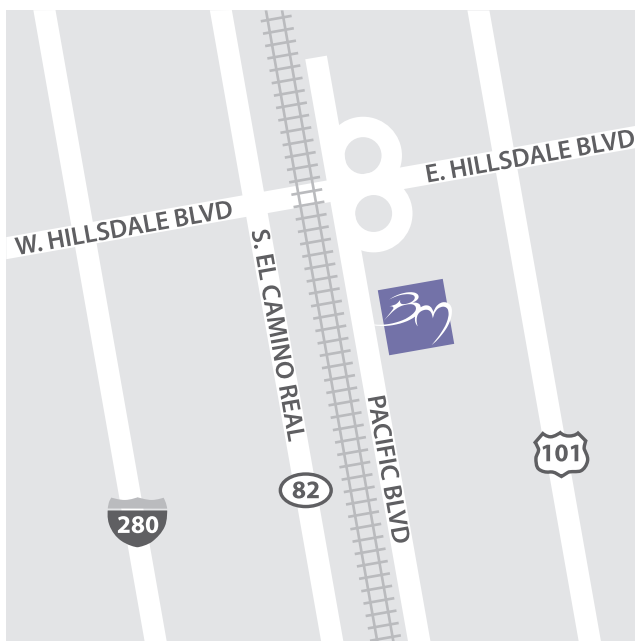
Driving Directions

From the North:

101 South/ Take Hillsdale Blvd exit towards Foster City/ Keep right at the fork, follow signs for Hillsdale Blvd W/San Mateo and merge onto Franklin Pkwy/ Turn left at Saratoga Drive/ Turn right at E. Hillsdale Blvd/ Take Pacific Blvd exit/ Turn left at Pacific Blvd

From the South:

101 North/ Take Hillsdale Blvd exit towards Foster City/ Turn left at E. Hillsdale Blvd/ Take Pacific Blvd exit/ Turn left at Pacific Blvd



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