



**A. John McKissock, DMD**

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**UPPER**

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16		
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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		

**LOWER**

Date \_\_\_\_\_

Introducing: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appt Date/Time: \_\_\_\_\_

**Referral Request(s):**

- Consultation Only
- Consultation and Treatment
  - Root Canal
  - Retreatment
  - Apical Surgery
  - Trauma
  - Pre-Prosthetic Endo

**Treatment Request(s):**

- Provide Post Space
- Place Post and Core
- Restore Endo Access
- Build-up for Full Coverage Restoration

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1720 Jet Stream Drive, Ste. 110  
Colorado Springs, CO 80921

North of **New Life Church**  
on **Voyager Parkway**