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You have been referred to Dr. McConnell for:

Appointment Date: _____

Appointment Time: _____

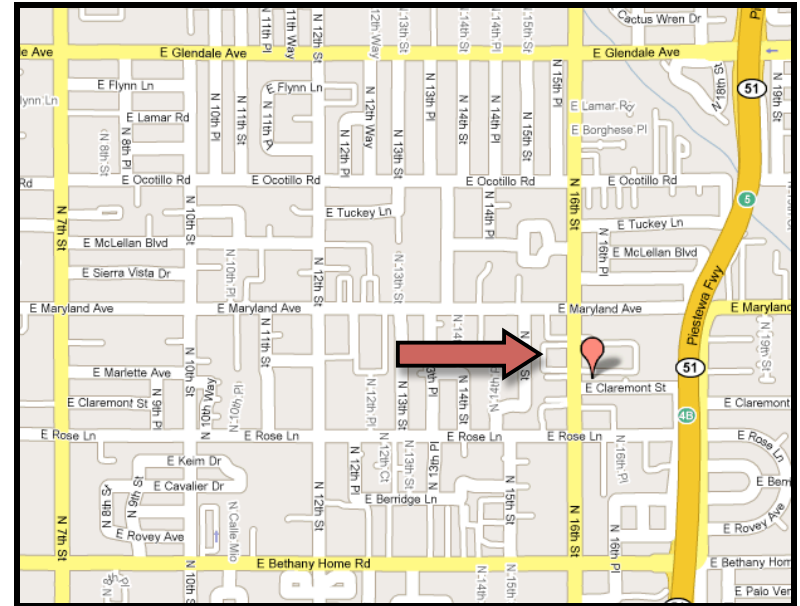
Prior to your appointment, all your records will be sent to Dr. McConnell.

You should bring only this form and X-Rays (if you have them) to your appointment with Dr. McConnell.

Your appointment is at the: _____ 16th Street Office
 _____ 51st Street Office

Referred by Dr. _____
 Date: _____

Map for 16th Street Office



Map for 51st Street Office

