

**Dr. David H. Maclure**

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Patient Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Referred Doctor: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_