



Specialists in Root Canal Therapy

Leland Kimball, DDS

Kelly Taylor, DDS, MS

Patient Name: _____ Date: ____/____/____

Tooth or Condition: _____

Referred by: _____ Phone: _____

- ◆ See maps on back for easy directions to our offices.
- ◆ Please inform us at least one day in advance if you are unable to keep your appointment.
- ◆ Learn more about us at www.centerforendocare.com.

FORT COLLINS

1331 E. Prospect Rd., B-1

Ft. Collins, CO 80525

P: 970-232-3750

F: 970-232-3751

LOVELAND

516 W. Eisenhower Blvd.

Loveland, CO 80537

P: 970-232-3757

F: 970-663-4118

