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This will introduce: _____ Date: _____

Mrs. _____
 Mr. _____

Tooth No. _____ for the following:

- Consultation Only Post Space
- Complete Endodontics Therapy Yes
- Surgical Endodontics No
- 3D-CBCT

Patient Has:

- Toothache Swelling or Fistula
- Pulp Exposure Open Tooth
- _____

Comments: _____

Referred by: _____

Patient will be instructed to return
 to referring dentist for final restoration.
 Thank You! (map on reverse)