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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!

