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Practice Limited to Endodontics

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DATE _____, 20____

INTRODUCING _____

REFERRED BY _____

TOOTH # _____

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

SERVICES ALREADY PERFORMED:

- TOOTH HAS BEEN OPENED, MEDICATED AND SEALED.
- PATIENT HAS BEEN PLACED ON AN ANTIBIOTIC AND/OR ANALGESIC.
- OTHER _____

SERVICES REQUESTED:

- CONSULTATION ONLY.
 - EVALUATE AND TREAT AS INDICATED.
 - EVALUATE FOR SURGERY OR RETREATMENT.
 - LEAVE POST SPACE.
 - PLACE POST AND CORE BUILD-UP.
 - PLEASE FILL ACCESS OPENING WITH _____
 - OTHER / COMMENTS _____
- _____
- _____

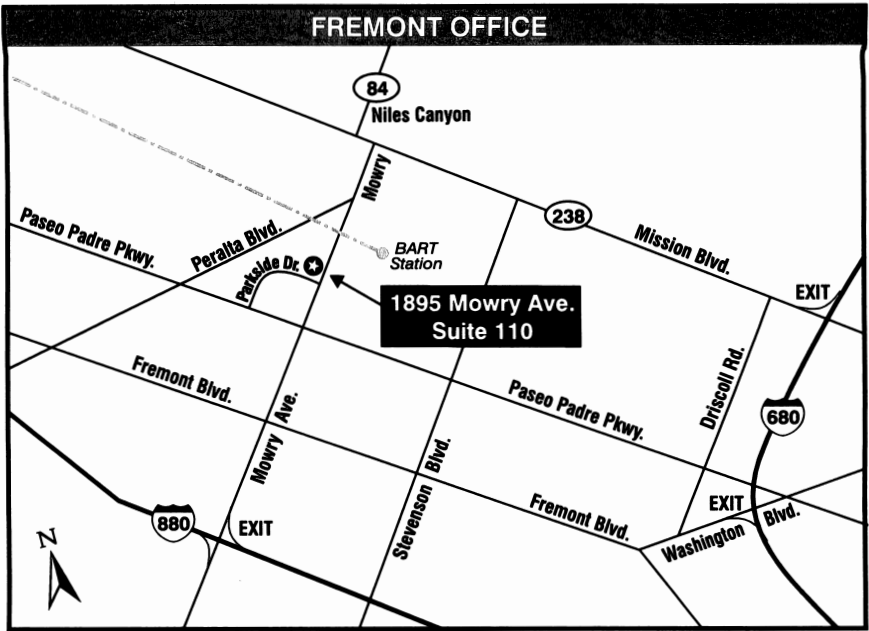
APPOINTMENT

DAY

DATE

TIME

DOCTOR



Instructions For The Patient

- A. Please bring this form with you.
- B. All minors must have written consent from parent or guardian.
Please try to accompany minor.
- C. If you must cancel your appointment, 48 hours notice is expected.

