ENDODONTISTS

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This is to introduce ______________________________ **Date:** ______________

Treatment:

- ☐ Consultation/Prognosis
- ☐ Endodontic Treatment
- ☐ Diagnosis of Pain
- ☐ Endodontic Retreatment
- ☐ Post Removal
- ☐ Post Space Required
- ☐ Intravenous Sedation
- ☐ Trauma Management
- ☐ Periapical Surgery
- ☐ Perforation Repair
- ☐ Non Vital Bleaching
- ☐ Internal/External Resorption
- ☐ Final Restoration/Core Required
- ☐ Cone Beam Scan

Tooth: 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Notes: ______________________________

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Referred by Dr. ______________________________

Address: ______________________________

Contact: ______________________________