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Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Tooth # \_\_\_\_\_

Radiograph(s) -             Emailed     Given to Patient

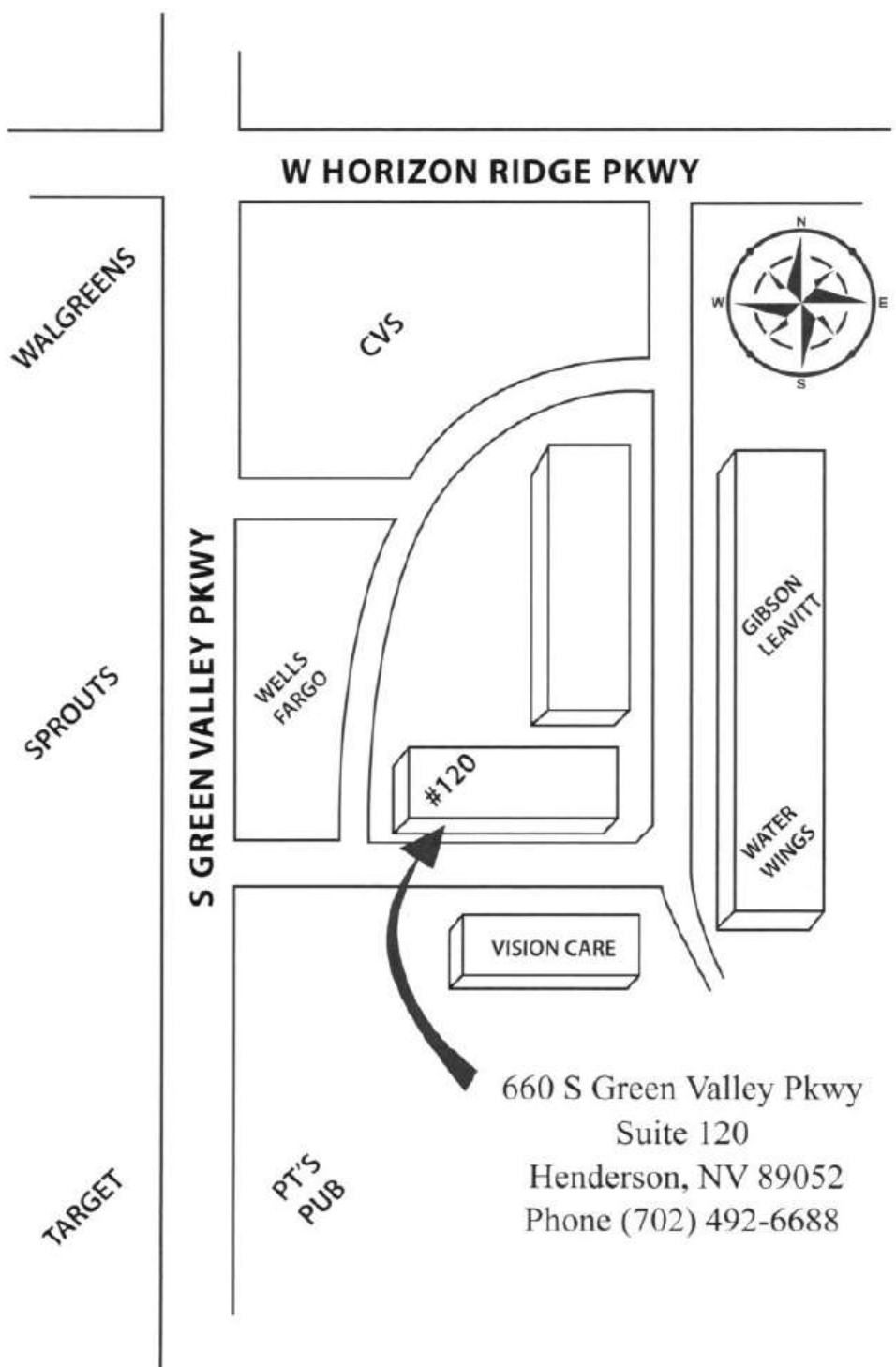
CBCT -     Taken:         Emailed     Given to Patient

Please check all that apply:

- Evaluate and treat if needed
- Root Canal Treatment     Apicoectomy     Retreatment
- Pulp was exposed
- Intentional endodontics for restorative purposes
- Leave post space
- Restore Access / Permanent Restoration

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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