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PRACTICE LIMITED TO ENDODONTICS

Referred by Dr. _____ Date _____

Introducing _____

For endodontic consideration of tooth/ teeth# _____

Status: ☐ Endodontics necessary for proper restoration

☐ Pulp was exposed and was vital ☐ Non-vital

☐ Patient has discomfort, please evaluate

☐ Radiographic findings present

☐ Bridge or crown cemented temporarily ☐ Permanently

Please indicate how you want the tooth prepared:

☐ No post preparation

☐ Post preparation only

☐ Fit and send back metal post

Additional remarks _____

• Map to office on other side ►



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