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Introducing DOB

H # W #

for endodontic consideration. Patient will be returned to referring dentist for final restoration.

Referred by Dr. Ph#

Tooth No.

R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

- Diagnostic Consultation
 - Intentional Endodontics
 - Radiographs enclosed (to be returned)
 - Tooth is opened for drainage
 - X-Ray revealed radiolucency
 - Antibiotic prescribed
 - Analgesic prescribed
 - Other considerations
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Provide Post Space

Doctor's Signature

APPOINTMENT SCHEDULED FOR:

Day Date Time

