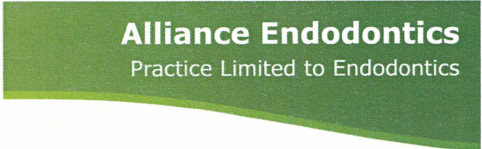


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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Evaluation Only
- Evaluation and Root Canal Treatment
- Endodontic Retreatment
- Possible Fracture
- Radiolucency
- Pulpal Involvement
- Patient has vague toothache
- Post Space
- CBCT Scan

FOR ENDODONTIC CONSIDERATION				
<u>Molars</u>	<u>Premolars</u>	<u>Anteriors</u>	<u>Premolars</u>	<u>Molars</u>
1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16
32 31 30	29 28	27 26 25 24 23 22	21 20	19 18 17

**Comments:**

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