



ADVANCED ENDODONTICS

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Date: _____

Introducing: _____

For Endodontic Consideration

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- Vague toothache - Please Evaluate
- Pulp was exposed
- Endodontics necessary for proper restoration
- Re-treatment necessary for proper restoration
- Radiograph findings present
 - Crown / Bridge cemented
 - Temporarily Permanently
- Please prepare post-space

Comments: _____

Referred by Dr. _____

Phone: _____