



ENDODONTIC SOLUTIONS

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Date // _____

Patient's Name // _____

For endodontic consideration of the following tooth (teeth) // _____

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

Reason for Referral

- Consultation Only
- Evaluate and Treat
- Pulp is Exposed
- RCT has been started

Planned Treatment

- Restore with a filling
- Restore with a Crown/Bridge
- Post Space Yes No
- Build-up Space Yes No

Status

- Crown/Bridge is cemented temp.
- Previously endodontically treated
- Thermafill type material in canal

Radiograph

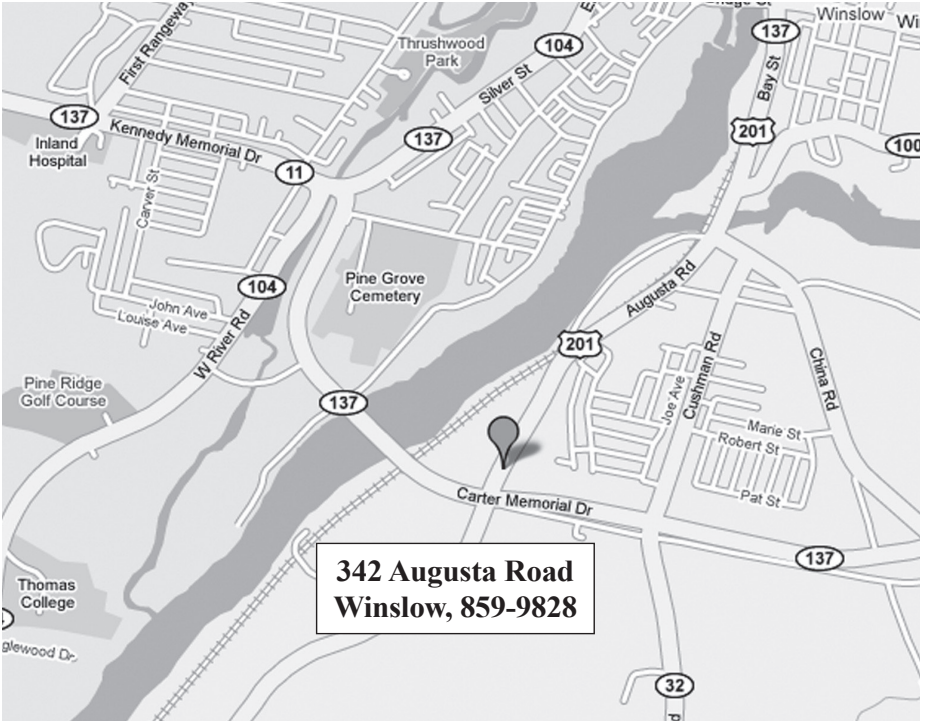
- Emailed to your office
- Please return

Comments // _____

Ref. By (Please Print Name) // Dr. _____



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Augusta, 859-9828**



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