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Date: _____

This is to Introduce

Patient's Name: _____

Patient's Phone: _____

FOR ENDODONTIC CONSIDERATION

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	

- | | |
|---|--|
| <input type="checkbox"/> PATIENT HAS VAGUE TOOTHACHE
PLEASE EVALUATE | <input type="checkbox"/> X-RAY REVEALED PULPAL INVOLVEMENT |
| <input type="checkbox"/> PULP WAS EXPOSED-VITAL | <input type="checkbox"/> X-RAY REVEALED RADIOLUCENCY |
| <input type="checkbox"/> PULP WAS EXPOSED-DEVITAL | <input type="checkbox"/> TOOTH IS OPEN FOR DRAINAGE |
| <input type="checkbox"/> PULP WAS EXPOSED-STATUS
QUESTIONABLE | <input type="checkbox"/> POST RESTORATION PLANNED |
| | <input type="checkbox"/> PATIENT REQUIRES NITROUS OXIDE |
| | <input type="checkbox"/> OTHER _____ |

Comments: _____

Referred by Dr. _____ Phone _____

PATIENT WILL RETURN TO REFERRING DENTIST FOR FINAL RESTORATION

Your appointment has been scheduled for:

Date _____ Day _____ Time _____

Kindly give 24 business hours notice for cancellation.



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