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Introducing _____ Date _____

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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

ENDODONTIC CONSULTATION _____

POST-PREPARATION _____

ENDODONTIC THERAPY _____

POST & CORE _____

ENDODONTIC SURGERY _____

CAVIT _____

COMMENTS _____

WOULD YOU LIKE US TO CALL YOUR OFFICE TO SCHEDULE THIS PATIENTS FOLLOW-UP RESTORATIVE APPT? YES/NO

REFERRED BY DR. _____

APPOINTMENT _____