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Introducing: _____ Date: _____

Referring Doctor: _____

Appointment Date: _____ Time: _____

- FOR:
- Endodontic Consultation
 - Root Canal Treatment
 - Retreatment
 - Endodontic Surgery
 - Build Up As Necessary
 - Prepare Post Room
 - 3D Imaging (CBCT)

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	

Comments / Additional Notes: _____

Information for Patient:

- 1) Expect to return to your general dentist after your root canal for final restoration of the tooth
- 2) Have your dental insurance information ready when calling for an appointment
- 3) Appointment forms are available on the website and can be completed before your visit

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