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Patient Name: \_\_\_\_\_

Tooth #: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Date referred: \_\_\_\_\_

Radiograph sent?  Email  with patient

Appointment

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**The patient will return to referring dentist for final restoration (filling, onlay, crown).**

- Evaluation Treatment tooth #: \_\_\_\_\_
- Endodontic treatment tooth #: \_\_\_\_\_
- Patient is having pain, swelling, or sensitivity. Please evaluate
- Pulp was exposed.
  - Vital:
  - Nonvital:
- Radiograph reveals pathology.
- Please prepare post space.
- Tooth has already been opened.
- Patient on Rx:
- Other information:

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