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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:

