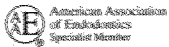




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INTRODUCING _____ Tooth # _____

Appointment Date _____ Time _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Radiolucency | <input type="checkbox"/> Pulp Exposure |
| <input type="checkbox"/> Percussion | <input type="checkbox"/> Resorption | <input type="checkbox"/> Previous RCT |
| <input type="checkbox"/> Mastication | <input type="checkbox"/> Swelling | <input type="checkbox"/> RCT Initiated |
| <input type="checkbox"/> Temperatures | <input type="checkbox"/> Sinus Tract | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Short | <input type="checkbox"/> Fracture | <input type="checkbox"/> Hx of crack |
| <input type="checkbox"/> Prolonged | | |

Requesting: Eval & Tx Consult Only CBCT Call Before Tx
 Post Space No Cotton Pellet Final Restoration

Pertinent Info: _____

Referring Dr: _____ Phone _____

Please send more: Referral Pads Business Cards