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Patient Name .... Referred by ....

Date/ Notes ....

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○ Endodontics necessary for proper restoration

○ Retreatment of Root Canal

○ Apicoectomy

○ Final Restoration to be a Crown

○ Prepare Post Space

○ Examination and Consultation

○ Implant Consultation

○ Consultation with CBCT Scan

○ Please Call Me Concerning Patient