



MODERN CARE ENDODONTICS

Compassion • Comfort • Precision

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Date of Referral: _____

Name: _____

Phone: _____ DOB: _____

Referred By: _____

Appt Date: _____ Time: _____ AM/PM

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

Findings:

- Pain
- Swelling
- Radiolucency
- Pulp Exposure
- Previously Initiated
- Previous RCT
- Required For Restorative
- Resorption
- Fracture

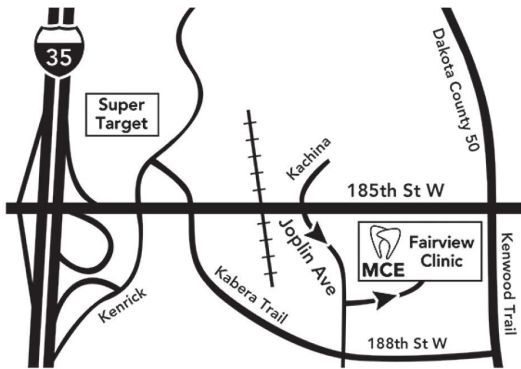
Requested Treatment:

- Evaluate Only
- Root Canal Treatment
- Retreatment
- Surgical Treatment
- Resorption Repair
- CBCT

Restorative Preferences:

- Temporary Filling
- Crown Access Fill
- Build-Up
- Place Post
- Leave Post Space
- No Orifice Barrier

Comments:



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