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Endodontic Partners
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Introducing.....

FOR ENDODONTIC EVALUATION OF THE FOLLOWING TOOTH (TEETH). THIS PATIENT NEEDS:

- | | | |
|---|--|---|
| <input type="radio"/> Diagnosis of Tooth # | <input type="radio"/> Evaluate Previously Endodontically treated tooth # | <input type="radio"/> Hemisection # |
| <input type="radio"/> Root Canal Therapy # | <input type="radio"/> Retreat Previously Endodontically treated tooth # | <input type="radio"/> Replantation of Tooth # |
| <input type="radio"/> Post/Core Build-up # | <input type="radio"/> Root Resection (Apico) # | <input type="radio"/> Apexification # |
| <input type="radio"/> Post Space Required # | <input type="radio"/> Root Amputation # | <input type="radio"/> Bleaching of Tooth # |
| | | <input type="radio"/> Caries Control # |

Remarks.....

Patient's appointment on.....

at

Signed Dr. Phone #