JL Endodontics

Endodontic Specialty Practice

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INTRODUCING: _____ **DOB:** _____

Address: _____ **Telephone:** _____

Tooth/Teeth: _____

Referral requests:

- Consult only
- Consult and treatment
- Pre-prosthodontic treatment
- Trauma/ Emergency treatment
- Please call to discuss.

Tooth Status:

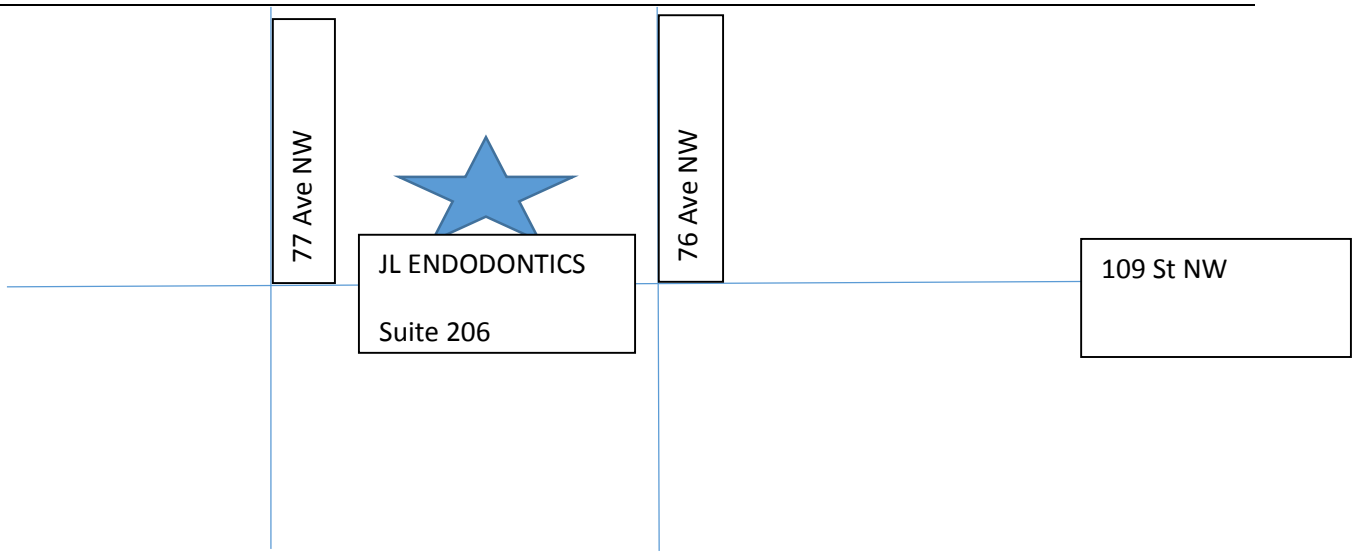
- Recent restoration? ☐Yes ☐ No
- Endodontic treatment is initiated.
- Crown/ bridge is cemented temporarily.

Restoration Requests:

- Leave post space.
- Restore access permanently.

Signed:

DR.

Remarks

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