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Introducing: _____

Last First Middle

Patient Phone: _____

Date

Referring Doctor: _____

*No pain medication eight hours before consultation

Right

Tooth #

Left

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

Radiographs: Mailed Emailed Given to Patient

Email x-rays to team@ljvendo.com

Remarks: _____

Please send more referral slips

- Acquire CBCT Imaging
- Endodontics necessary for restoration
- Vital pulp exposure
- Tooth has been opened
- Prior Endodontic treatment
- Leave post space
- Build up for full coverage
- Complete crown access repair
- Crown planned for replacement

Appointment Date:

Day	Date	Time
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