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Today's date _____

Introducing _____ Phone number _____

Referred by _____ Office phone number _____

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

Reason for referral

- Evaluation only
- Evaluation and treat as necessary
- Apical surgery

History

- Pain, swelling, sensitivity
- Pulp exposure
- Previous endodontic treatment
- Endodontic treatment started

Restoration with

- Temporary filling
- Core buildup
- Post and core buildup
- Post space

Other helpful notes or comments _____

Please call (408) 540-3211 to schedule your appointment
Date _____ Time _____

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