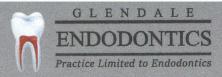


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Patient:	Date:
Referred by Dr.:	· · · · · · · · · · · · · · · · · · ·
Tooth # or Area of Concern:	
Comments:	
i vec	
Service Ro	equested:
☐ Consultation and treat as needed	Post Space
Consultation Only	Restore access with composite
Root Canal Treatment	Call me first / do not start treatment
Root Canal Re-Treatments	Sedation Services:
☐ Internal Bleaching	☐ Nitrous Oxide
Post & Core	☐ Oral Sedation / IV Sedation