



Limited to Endodontics

Endodontics and Endodontic Surgery
Est. 1981

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This will introduce:

Referred by:

Dr. _____

Tel: _____

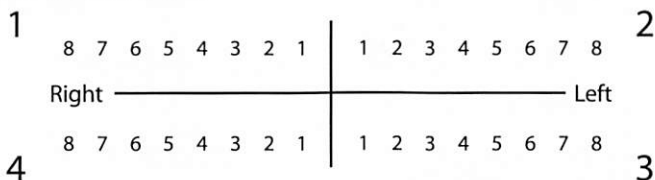
Tel: _____

The following appointment has been reserved for your patient:

Date: _____

Time: _____ am pm

For evaluation of Tooth/Teeth #



Patient's Chief Complaint / Reason for Referral:

Please discuss sedation with patient: Nitrous Oxide Oral Minimal

Patient has been advised that the following may be required:

- Emergency Therapy Conventional
- Retreatment Surgery
- Other



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