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**Specialists in Endodontics**

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Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Tooth (Teeth) to be evaluated: \_\_\_\_\_

Referring Dr.: \_\_\_\_\_

**PRESENTING SYMPTOMS:**

- None       Thermal sensitivity       Swelling
- Pain       Bite sensitivity       Drainage

**SPECIAL INSTRUCTIONS:**

- Exam Only at this time
- Take CBCT Image
- Nitrous Oxide Requested
- Provide Post Space
- Place Build-up or Post & Build up
- Internal Bleaching

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPOINTMENT:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

★ MAP ON THE BACK ★