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Introducing \_\_\_\_\_  
for endodontic consideration. It is understood that this  
patient will be returned to referring dentist for  
placement of final restoration unless otherwise  
indicated.

R 

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

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Referred by Dr. \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_



### Reason for Referral:

- Patient has a toothache
- Symptoms indicate an endodontic problem
- Pain is of an undetermined origin
- Radiograph reveals pulpal/periapical pathology
- RCT has been initiated; please complete treatment
- RCT necessary for proper restoration
- Endodontic consultation needed
- Other \_\_\_\_\_

### Planned Restoration for this Tooth:

- Build-up/crown
- Post/crown
- Composite
- Amalgam

### Create Post Space?

- Yes
- No

### Place Permanent Restoration or Build-up?

- Yes
- No

