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Date _____

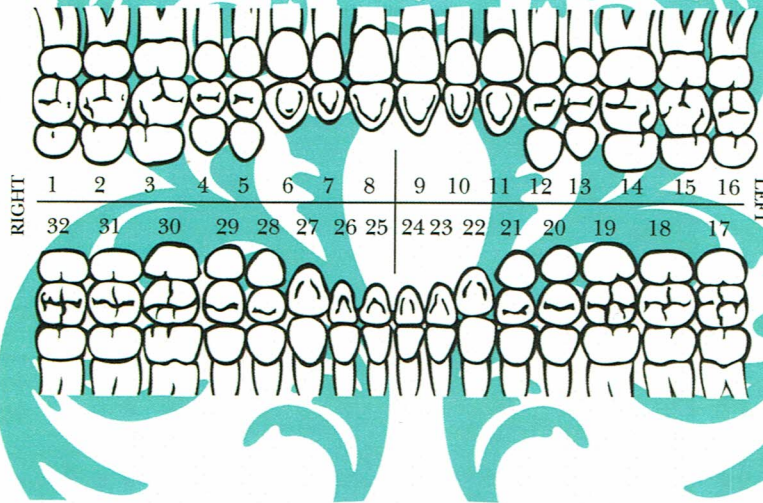
Introducing _____

Referred by Dr _____

Phone _____

Appointment _____

- Exam & Consultation
Endodontic Necessary For Proper Restoration
Pulpal Exposure
Root Canal Therapy Started
Oral Sedation
Post/Instrument Removal
Prepare Post Space
Please Call Me Concerning Patient



Comments _____

