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Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Introducing \_\_\_\_\_

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

Date and time of appointment \_\_\_\_\_

Please circle tooth/teeth that apply:

			A	B	C	D	E	F	G	H	I	J			
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
			T	S	R	Q	P	O	N	M	L	K			

Please select all that apply:

- Consultation
- CBCT evaluation
- Evaluate and treat as necessary
- Root canal therapy
- Retreatment
- Endodontic microsurgery
- Post space requested
- Restore after endodontic treatment
- Traumatic dental injury management
- Other: \_\_\_\_\_

History/notes of any treatments pertaining to referral: