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Patient Name: _____ Date: ____/____/____

Referred by: _____

Please Circle the Involved Teeth

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

For:

- Consultation Only
- Consultation and Treatment
- Intentional Treatment
- CBCT

Existing Restoration:

- Permanent Crown
- Permanent Crown w/Temp Cement
- Temp Crown/Filling

Restorative Request:

- Temp
- Orifice Barrier
- Post Space
- Core Build-up
- Post and Core Build-up

Comments:

