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Introducing: \_\_\_\_\_

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

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

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**For Endodontic consideration of the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Pulp exposed                              | <input type="checkbox"/> Crown or bridge is cemented with:<br>_____ |
| <input type="checkbox"/> Tooth is open for drainage                | <input type="checkbox"/> Post Preparation desired                   |
| <input type="checkbox"/> Patient may desire sedation for procedure |   |

**Remarks:**

- Please call patient to schedule at phone #: \_\_\_\_\_
- Patient will call Upper Valley Endodontics to schedule
- Appointment scheduled on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_