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Patient Name: _____

Patient Phone Number: _____

Referring Doctor: _____

Today's Date: _____

Tooth to be evaluated / treated: _____

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

Reason for Referral

- ☐ Consultation
- ☐ Root Canal Treatment
- ☐ Retreatment
- ☐ Apicoectomy
- ☐ CBCT

Other information

- ☐ Crown/bridge is cemented temporarily
- ☐ Leave post space
- ☐ Call me about this case

Comments: _____
