

Practice Limited to Endodontics and Microsurgery

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DATE:

INTRODUCING:

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

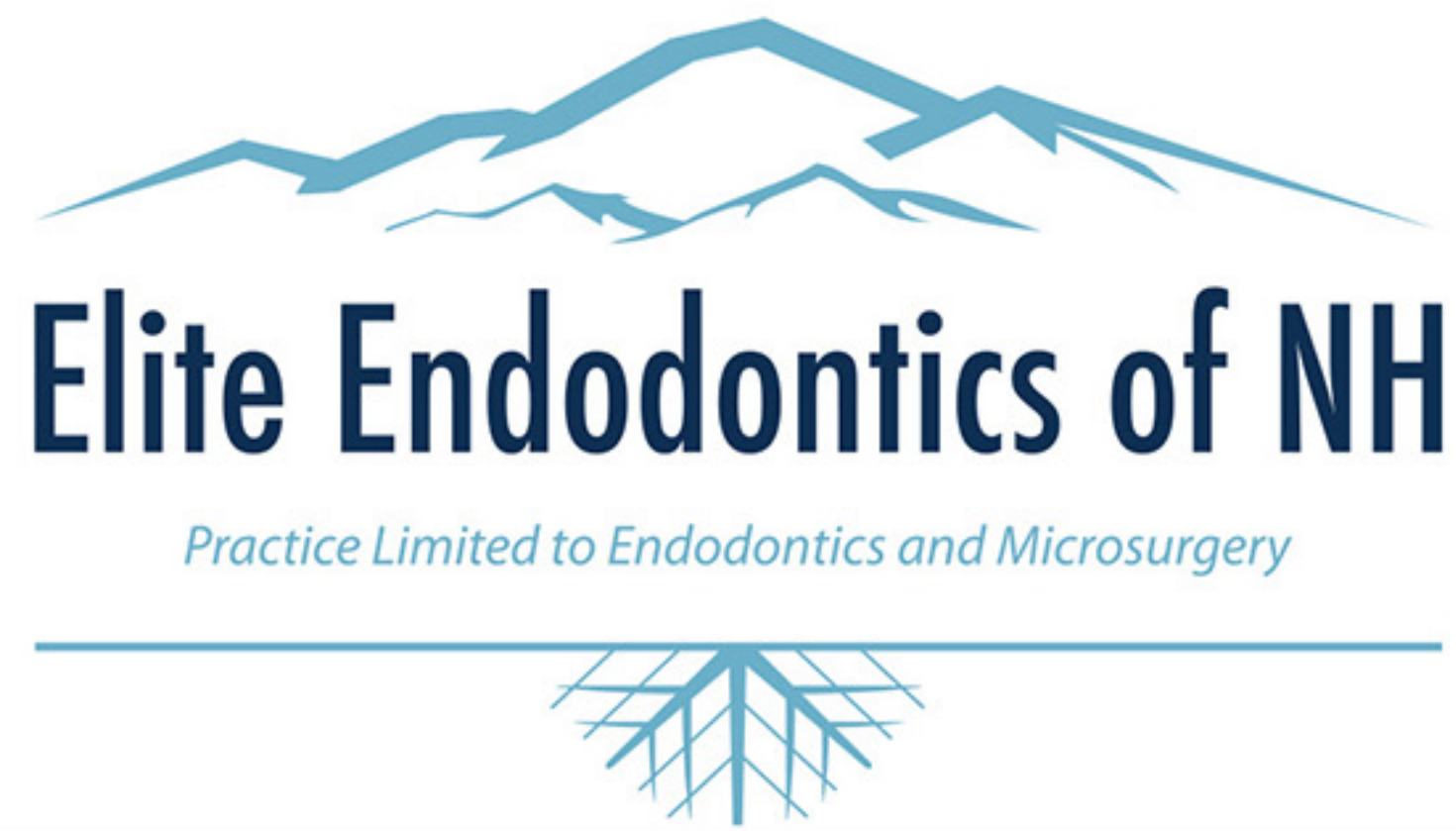
(Please circle the involved area)

- Please provide evaluation only
- Please provide root canal therapy
- Please provide retreatment of root canal
- Please provide apical surgery
- Place composite restoration
- Space for post
- Treat under sedation
- Remove post
- CBCT Scan

REMARKS:

REFERRING DOCTOR:

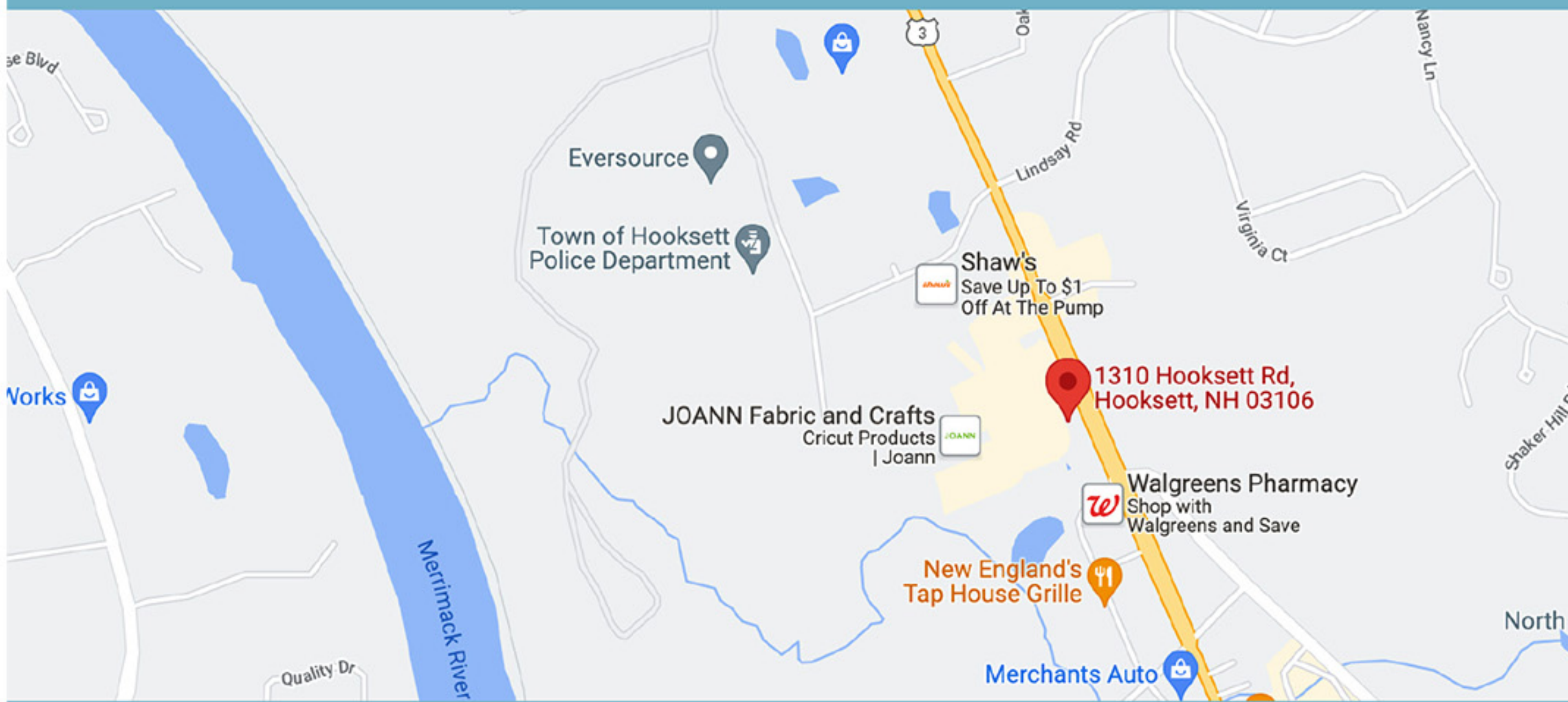
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