



FINGER LAKES  
ENDODONTICS

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Introducing \_\_\_\_\_ Date \_\_\_\_\_

For consideration of the following:

- Consultation       Root Canal Therapy       Post Space

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

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed Dr. \_\_\_\_\_

Appointment on \_\_\_\_\_ at \_\_\_\_\_ o'clock.

- Patient has vague toothache, evaluate and treat.
- Patient has pain, swelling, sensitivity, evaluate and treat.
- Pulp was exposed.
- X-Ray revealed pulpal involvement.
- X-Ray revealed radiolucency.
- Tooth is opened for drainage.
- Prepare for post.
- Antibiotic prescribed \_\_\_\_\_
- Analgesic prescribed \_\_\_\_\_
- Other \_\_\_\_\_

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