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Introducing _____ Phone # _____ Date: _____

Referred by Dr. _____ Phone # _____ Tooth # _____

Tooth Status / Tx. Plan / Recommendations: _____

Fracture suspected? Y or N Post space required? No Yes If yes: 1/3 canal ½ canal _____ mm

Restore access opening with: Tempit Composite Glass Ionomer Other: _____

Your appointment has been scheduled for: Date _____ & Time _____

In order to better serve your patient, please fax or email a copy prior to giving it to your patient. Thank you.

