



ENDODONTISTS

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This is to introduce **Date:**

Treatment:

- | | |
|---|--|
| <input type="checkbox"/> Consultation/Prognosis | <input type="checkbox"/> Trauma Management |
| <input type="checkbox"/> Endodontic Treatment | <input type="checkbox"/> Periapical Surgery |
| <input type="checkbox"/> Diagnosis of Pain | <input type="checkbox"/> Perforation Repair |
| <input type="checkbox"/> Endodontic Retreatment | <input type="checkbox"/> Non Vital Bleaching |
| <input type="checkbox"/> Post Removal | <input type="checkbox"/> Internal/External Resorption |
| <input type="checkbox"/> Post Space Required | <input type="checkbox"/> Final Restoration/Core Required |
| <input type="checkbox"/> Intravenous Sedation | <input type="checkbox"/> Cone Beam Scan |

Tooth: 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Notes:
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Referred by Dr.

Address:

Contact: