



DOMINION ENDODONTICS

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Introducing:

Patient Name _____ Date 5/8/

Home Phone _____ Work Phone _____

Appointment Date: _____ Day _____ Date _____ Time _____ AM PM

REMARKS:

REFERRED BY:

Dr. _____

TOOTH TO BE TREATED

UPPER



RIGHT ——— LINGUAL ——— LEFT



LOWER

We inform your patient that the root canal therapy has not been completed until the tooth has been properly restored. Therefore, we instruct the patient to return to you for a final restoration after sealing the tooth.