



# ADVANCED

## ENDODONTICS

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Introducing \_\_\_\_\_

Referred By Dr. \_\_\_\_\_

Appointment \_\_\_\_\_

Tooth # \_\_\_\_\_

Previous Root Canal Treatment on Tooth?      **Yes**      **No**

**After treatment, please:**

- Restore the access as appropriate
- Build up for a crown
- Place a temporary restoration

Comments \_\_\_\_\_

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