

*Winchester Endodontics*

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DATE \_\_\_\_\_

PATIENT \_\_\_\_\_

TOOTH# \_\_\_\_\_

**Please appoint this patient for:**

- an evaluation for possible root canal treatment
- initiation of root canal treatment
- retreatment evaluation
- surgical evaluation

**Patient requires treatment because of:**

- irreversible pulpitis
- necrotic pulp/periapical lesion
- elective/restorative purposes

**Permanent restoration:**  Yes  No

**Post Space:**

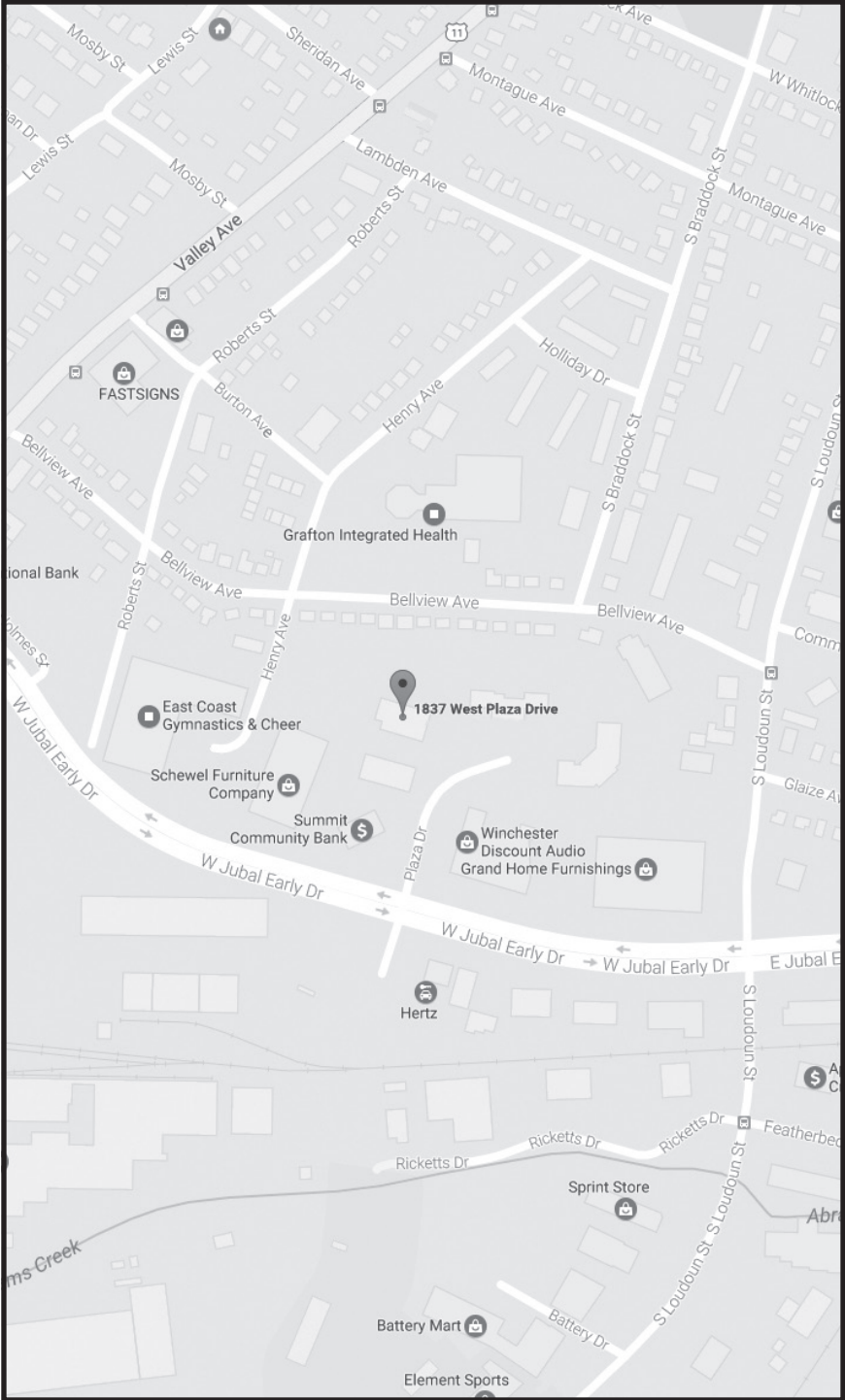
- remove coronal 1/3 of gutta percha from canal
- other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_



FASTSIGNS

Grafton Integrated Health

1837 West Plaza Drive

East Coast Gymnastics & Cheer

Schewel Furniture Company

Summit Community Bank

Winchester Discount Audio  
Grand Home Furnishings

Hertz

Sprint Store

Battery Mart

Element Sports