



# state ENDODONTICS

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Patient \_\_\_\_\_

Teeth # \_\_\_\_\_ Referring Doctor \_\_\_\_\_

**Treatment Requested:**

- Evaluation
- Root Canal Therapy
- Retreatment
- Apico Surgery
- Internal Bleaching
- Post Space

**Temporary Restoration:**

- Cotton/Cavit
- Tape/Cavit
- Cavit only

**Permanent Restoration:**

- Composite
- Amalgam
- Post & Core

Comments \_\_\_\_\_

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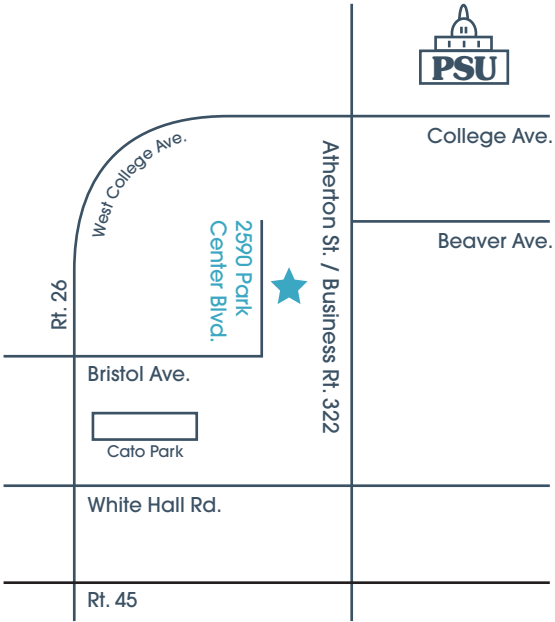
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DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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# STATE COLLEGE OFFICE



# ALTOONA OFFICE

