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	Patient:											Date:					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
n	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	Check all that apply:																
		Cons	ultat	tion	☐ Post space request												
	☐ Endodontic Treatment										☐ Hx of cracks						
	☐ Endodontic Retreatment										☐ Hx of trauma						
	☐ Endodontic Surgery (apicoectomy)										☐ Cone Beam CT						
Remarks:																	
	R	eferr	ed b	y:													

For directions and additional information, please contact us at info@ReadingEndo.com or call (781) 670-7668. Thank you.

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