



LAS CRUCES
—ENDODONTICS—

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Patient: _____

Please evaluate the following tooth for endodontic treatment:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Post space desired? Yes No

Remarks: _____

Referred by Dr. _____

Telephone _____

