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Date:____________

This is to Introduce

Patient's Name: ______________________________

Patient's Phone: ______________________________

Referred By

Dr's Name: ______________________________

Right															Left
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

☐ Evaluate

☐ Patient has severe toothache

☐ Patient has vague toothache

☐ Pulp was exposed

☐ X-Ray reveals pathology

☐ Elective root canal therapy

☐ Other: ____________________

☐ Make pilot post space

Other helpful information or comments: ____________________

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Your appointment has been scheduled for:

Date ______________ Day ______________ Time ______________

Kindly give 48 hours notice for cancellation.

www.redrocksendo.com

Wheat Ridge Office

Lakewood Office

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