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This is to Introduce \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient's Phone #: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

- Evaluation       Root Canal       Retreatment       Evaluation for Surgery
- Please Leave a Post Space       CBCT       Please Call Prior to TX

Tooth or Region to be Evaluated:

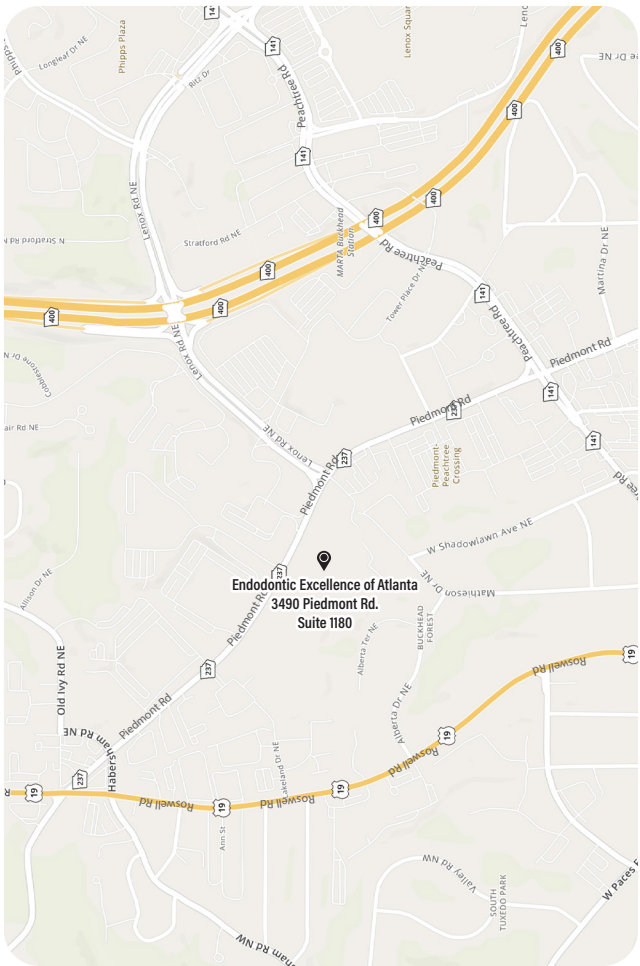
RIGHT	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25		24	23	22	21	19	18	17		

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

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**Endodontic Excellence of Atlanta**  
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