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Patient \_\_\_\_\_ Date \_\_\_\_\_

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

- Endodontics needed for restoration
- Pulp exposure noted
- Patient having pain, swelling or sensitivity
- X-ray revealed pathology
- Prepare dowel space
- Place dowel / core build-up
- Provide surgical crown lengthening

Remarks:

Doctor \_\_\_\_\_

*Patient will return to referring doctor for final restoration*

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