New York Endodontic Associates

Practice Limited To Micro-Surgical Endodontics

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Patients Name :_____ Date: _____

Referred by Dr.:_____ Tel:_____

Referred For:

- ☐ Consultation
- ☐ CBCT Scan
- ☐ Root Canal Therapy
- ☐ Retreatment
- ☐ Post Removal
- ☐ Post Preparation
- ☐ Post and Core Build-up
- ☐ Apicoectomy
- ☐ Implant Screw Removal
- ☐ Other

	A	B	C	D	E	F	G	H	I	J	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	T	S	R	Q	P	O	N	M	L	K							

Comments: _____

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"Achieving Excellence in Micro-Surgical Endodontics"