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Date _____ Referring Doctor _____

Introducing _____

Tooth Number _____

Retreatment _____ Yes _____ No

Post Space _____

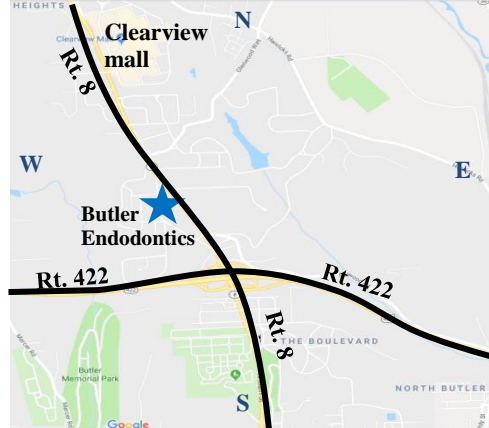
Build-up _____ Temporary _____

CBCT only _____

Appointment Date _____ Time _____

Notes:

Conveniently located on route 8, 1/2 mile north of 422



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