

## **FAIRFAX ENDODONTICS**

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Date: Introducing: Appointment: Referring Doctor:	Time:
TREATMENT INFORMATION	
☐ Consultation ar ☐ Root Canal Trea ☐ Pulp was ☐ RCT initi ☐ Root Canal Re- ☐ Internal Bleach ☐ CBCT	s exposed ated treatment and/or Surgical Treatment
☐ Other: ☐ Other: ☐ If existing, will the crown be replaced?	
☐ Yes ☐ No ☐ If Necessary  Upon Completion Please: ☐ Restore with temporary restoration ☐ Prepare post space & restore with temporary restoration ☐ Restore with post and core build-up as needed	
Comments/Special Instructions:	

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