Patient's Name _____

Phone: _____

Referred By: _____

Appointment Date: _____

Remarks: _____

_____

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	Molars			Bic		Anteriors						Bic		Molars			
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	20	19	18	17	

☐ Please evaluate and treat
☐ Patient has unlocalized pain
☐ Consultation only
☐ Please phone doctor
☐ Please restore access opening with: _____

☐ RCT for restorative purposes
☐ Restoration with post planned
☐ History of pulp exposure
☐ X-ray reveals radiolucency

Patient will be instructed to return to referring dentist for final restoration.