Edward M Millward DMD
ENDODONTICS

DEDICATED TO EXCELLENCE

PATIENT'S NAME _____ REFERRING DOCTOR _____

PLEASE CIRCLE TOOTH OR TEETH FOR ENDODONTIC CONSULTATION OR TREATMENT

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	

REMARKS:

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ANTICIPATED RESTORATION:

- ☐ CROWN
- ☐ FILLING
- ☐ TO BE DETERMINED

POST SPACE:

- ☐ YES
- ☐ NO

BRIDGE/CROWN IS CEMENTED:

- ☐ TEMPORARILY
- ☐ PERMANENTLY

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