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Date: ____/____/____

Date: ____/____/____

Introducing _____

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Referred by Dr. _____

Referred by Dr. _____

Ref. Dr. Tel: _____

Ref. Dr. Tel: _____

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

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	

- Post Space:** Y N Pulp Exposed
- Pain to: Percussion Cold Decay
- Biting Hot Swelling
- Fistula

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Remarks: _____

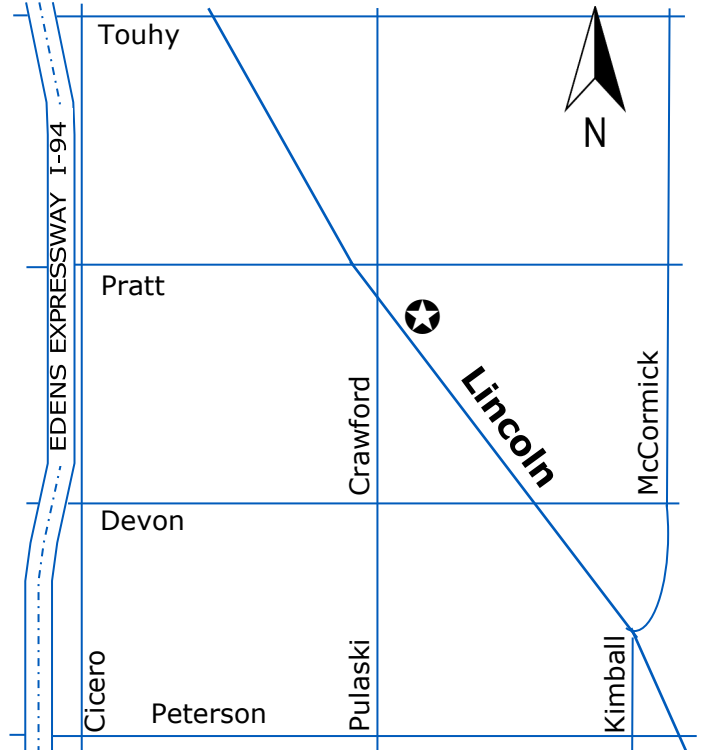
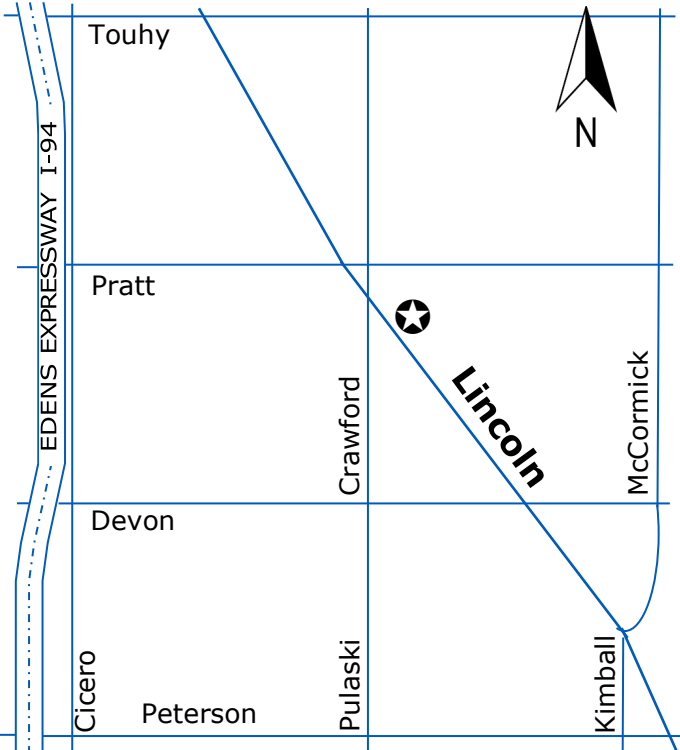
Remarks: _____

Appointment: ____/____/____ Time: _____

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On the day of your appointment, please bring:
• this referral slip
• insurance card (if you have Dental Insurance)

Thank You

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Thank You