



Trident Smiles Dental

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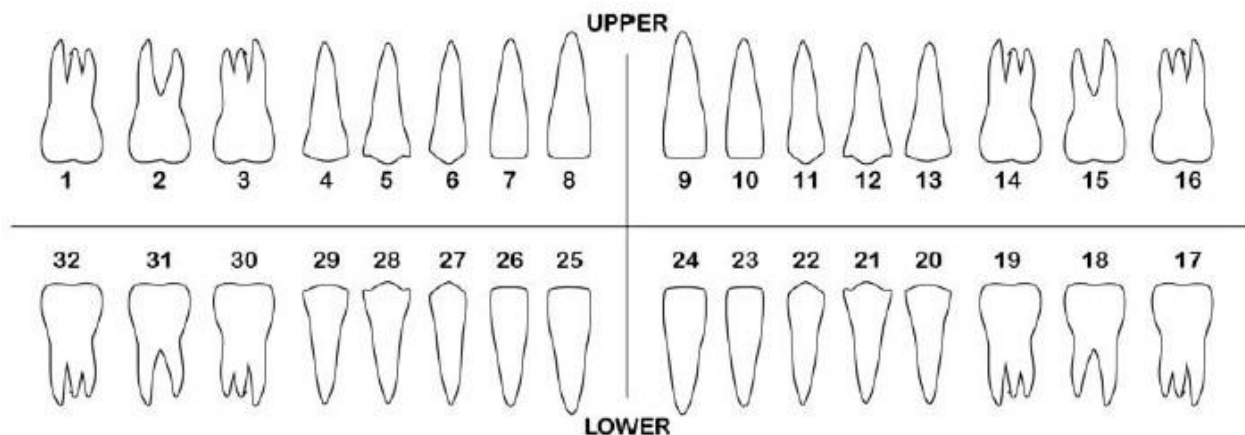
Today's Date: _____

Patient's Name: _____

Referred by Dr: _____

Dr's Email: _____

PLEASE MARK TEETH TO BE TREATED



TREATMENT DESIRED

- | | | |
|--|---|---|
| ☐ Evaluate and Treat | ☐ Root Canal Treatment | ☐ Root Canal Retreatment |
| ☐ Apicoectomy Surgery | ☐ CBCT & Consultation | ☐ Pulp Debridement |

RESTORATIVE INSTRUCTIONS

- ☐ Place Core Buildup
- ☐ Place Post and Core
- ☐ Place Orifice Barrier, Sponge and Cavit
- ☐ Special Instructions
