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Patient's Name _____

Reason for referral _____

Examination for: (describe below)

- Consultation
- Continuation of current treatment
- Interceptive procedure
- Corrective procedure
- X-ray taken _____

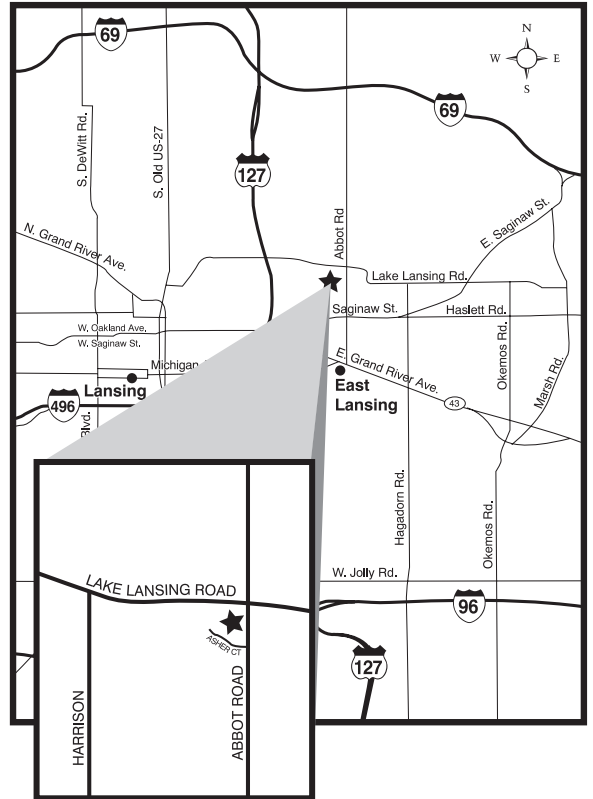
Treatment for:

- Injury _____
- Anomaly _____
- Pulpal Involvement _____

Comments _____

Referring Dr.: _____

OUR LOCATION



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