

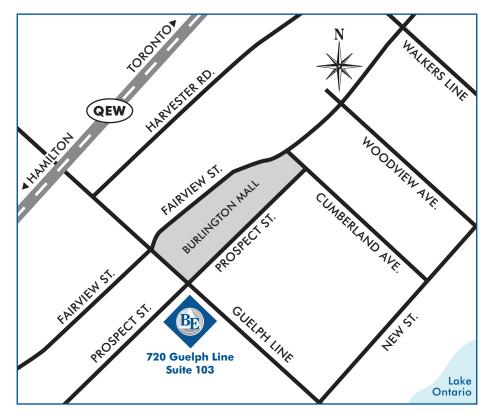
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Introducing	Date
Referred By	Tooth #
Patient's Primary Complaint	
STATUS	
O Patient has Discomfort, Evaluate and T	reat Accordingly
Medications Prescribed	
DOCTOR'S OBSERVATION	
POST SPACE Yes No	O Which Canal?
CBCT Requested Site	
Signed Dr.	

MAP ON REVERSE





Parking available at 720 Guelph Line Enter from Prospect Street

For your convenience, we accept payments by VISA, MASTERCARD, AMERICAN EXPRESS, DEBIT & CASH.

Our Office does not accept payment directly from Dental Insurance Companies.









