



Matthew Kruszewski, DDS - Board Certified Endodontist

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\_\_\_\_\_20\_\_\_\_\_

Introducing \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Patient will be returned to referring dentist for final restoration.

Indicate if you desire a post space prepared.  YES  NO

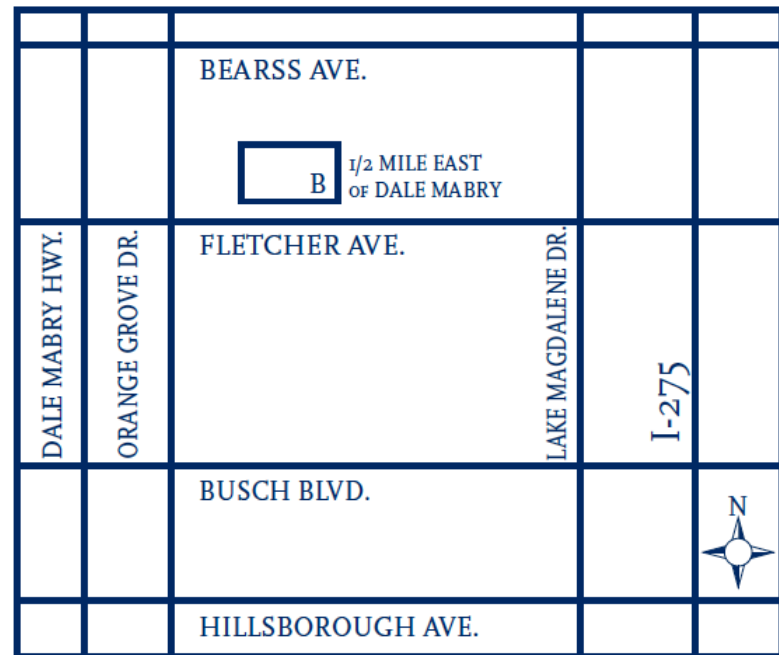
R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

(Circle Teeth for Endodontic Consideration)

Remarks \_\_\_\_\_

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