

**MARTIN
NELSON**
ENDODONTIC GROUP



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Preserving Your Texas Roots

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Patient Name _____ Phone _____ Date _____

Referring Dentist _____ Patient in pain

Tooth # _____ RCT Retreatment Apicoectomy

Endodontic Treatment is Required for Restorative Purposes

Place Temporary Restoration Place Permanent Restoration

Additional Instructions: _____
