

RONALD K. ALLEN, D.D.S., M.S.D., P.C.

PRACTICE LIMITED TO ENDODONTICS

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Introducing _____

Please evaluate the following tooth (teeth) for Endodontic Therapy:

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

Post Space Desired? Yes No

Remarks _____

Referred by Dr. _____

Phone (_____) _____ - _____ Date ____/____/____

