

**Edward K. Gamson, D.D.S., M.S.**  
**Specialists in Endodontics**

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Introducing \_\_\_\_\_

Appointment:

Date \_\_\_\_\_ At \_\_\_\_\_ A.M. P.M.

Please evaluate and treat as necessary

Tooth Number \_\_\_\_\_

**STATUS:**

- Patient has discomfort, please evaluate
- Pulp exposed
- Radiographic findings present
- Elective endodontics prior to full coverage
- Crown is cemented:
  - Temporarily
  - Permanently
- Radiographs
  - Enclosed
  - Previously mailed

Post space required:  Yes  No

Referred by \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

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