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Referring Dentist:

Date:

Patient Name:

Contact Numbers:

Teeth / Tooth to be assessed:



Investigate & Treat

Opinion Only

History

Level of Pain: None Mild Moderate Severe

Swelling: Yes No

Vital: Yes No Unsure

PA Lesion: Yes No Unsure

Previous Endodontic Treatment: None Self Other

Post Treatment Requirements

Nayyar Core Preparation: Yes No

Post Preparation: Yes No

Further Details