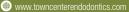


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C. Susan Chi, DMD

Date Referred by D r				
Patient Name				
Tooth/Teeth/Area				
Patient Needs: Evaluation/Consultation only Evaluation with treatment, if needeed Carious pulpal exposure X-ray revealed radiolucency RCT has been initiated Endodontic treatment Endodontic retreatment Apicoectomy Prophylatic/intentional endodontic treatment for restoractive /periodontal procedureCBCT Scan				
After endodonti	c treatment(s):			
Temporary filli post space pi Post and Cor	reparation	Build up for crown Permanent restoration on existing access		
Post space:	mm			
Remark/Special i	nstructions:			