



MID-COUNTY ENDODONTIC GROUP, P.A.
PRACTICE SPECIALIZING IN ENDODONTICS

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Patient: _____ **Phone #:** _____

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|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| R | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | L |

POST PREP Yes No PROPHYLACTIC ANTIBIOTICS Yes No

Referred by: _____

Comments: _____
