

clear ENDODONTICS



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Claire J. Lee DMD

Today's Date

Introducing

Referring Dr.

Referring Office Phone

Teeth No.

UPPER

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

LOWER

Symptoms / Instructions

Final restorative plan _____ Post Space Y / N

Please email radiographs to info@clearendo.com. Thank you!