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Introducing: _____

Referred by Dr.: _____

Date: _____

TOOTH OR AREA IN QUESTION

UPPER

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

LOWER

INSTRUCTIONS OR COMMENTS: _____

Provide post space Do not Provide post space

Provide build up

RESTORATIVE PLANS: _____
