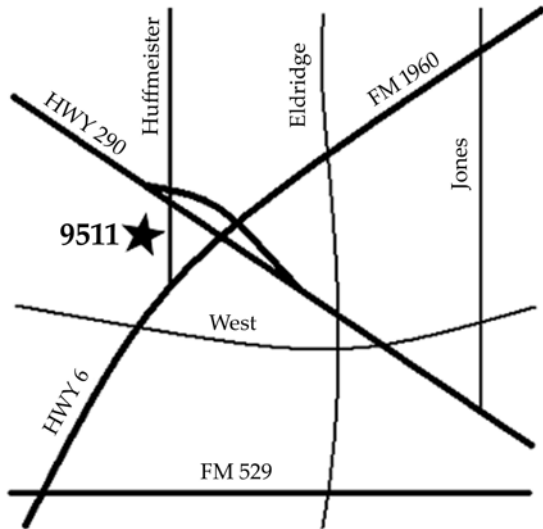


PAUL SATCHELL DDS MS PA

**Endodontists**  
the root canal specialists



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\_\_\_\_\_ Patient's Name

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\_\_\_\_\_ Referring Doctor

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\_\_\_\_\_ Date

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

(Please circle tooth/area)

Notes

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- Consultation
- Endodontic Treatment
- Retreatment
- Surgical Treatment
- 3D CBCT
- Other \_\_\_\_\_