

AT \_\_\_\_\_  
 AM \_\_\_\_\_  
 PM \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_\_

YOUR APPOINTMENT IS

When Endodontic Treatment is completed please:

Place temporary restoration

Restore simple access opening

Prepare for post

Introducing \_\_\_\_\_

for Endodontic consideration of the following tooth

(teeth):

Right \_\_\_\_\_

Left \_\_\_\_\_

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
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Comment:

1500 20th Street South  
 Birmingham, Alabama 35205  
 205-933-8544

James A. Smith, Jr., D.M.D.



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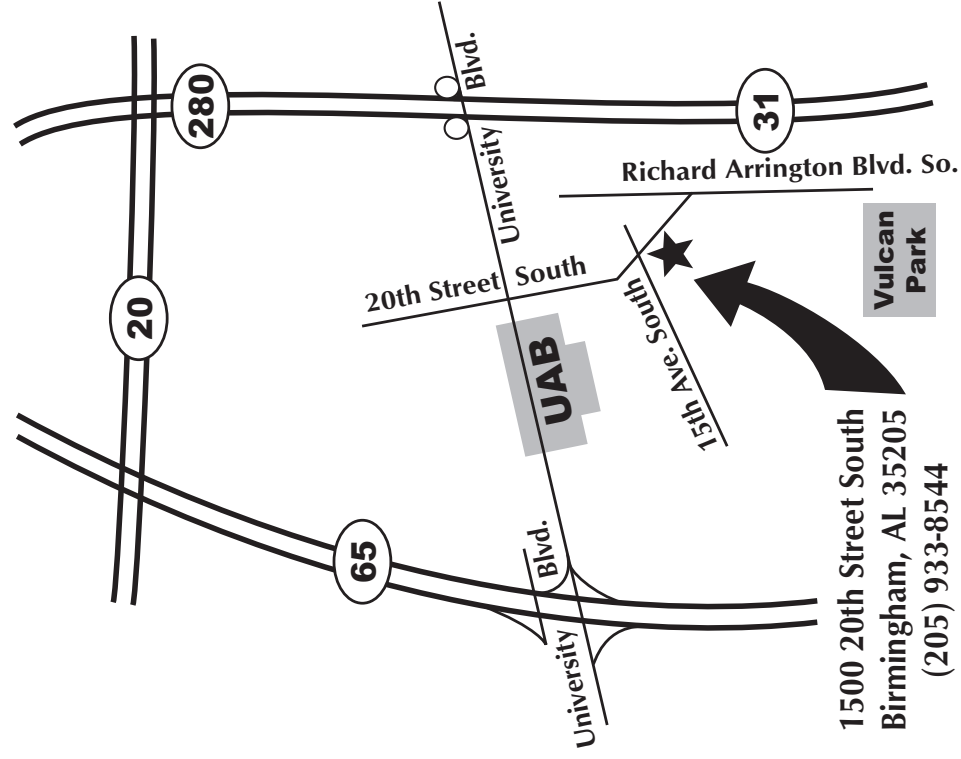
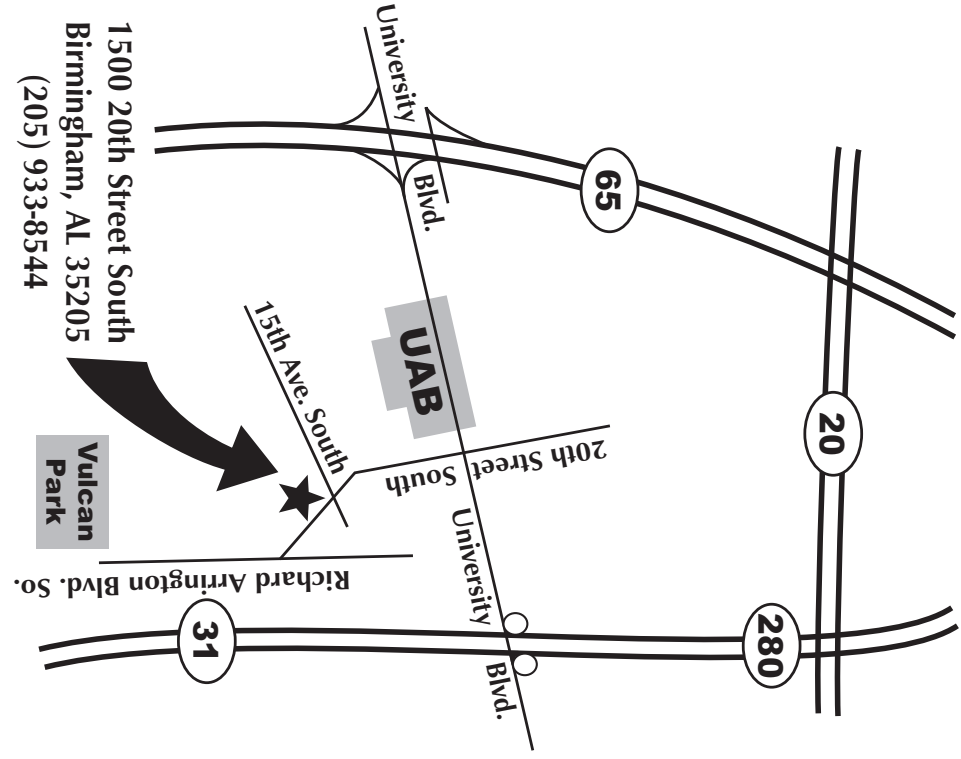
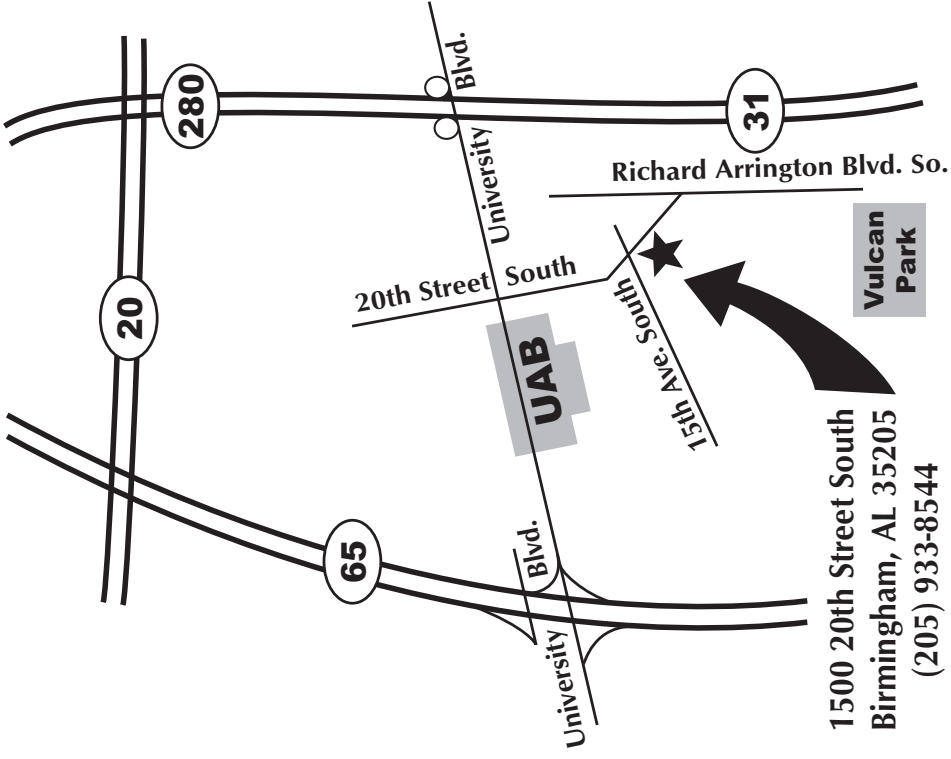
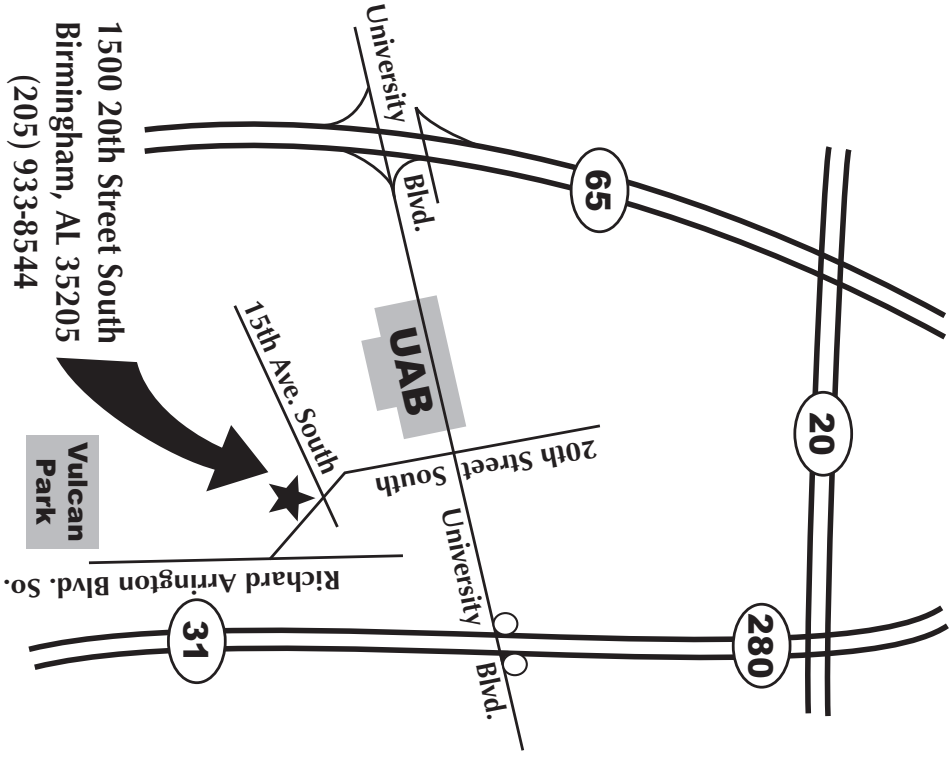
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