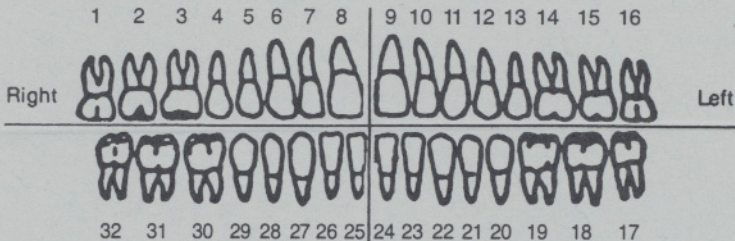


INTRODUCING _____

REFERRED BY DR. _____

APPOINTMENT TIME _____



PLEASE INDICATE TEETH FOR ENDODONTIC TREATMENT

POST PREP REQUESTED? YES ___ NO ___

REMARKS _____

