



DR. VARAYINI YOGANATHAN
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Endodontist

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THIS IS TO INTRODUCE : _____

DATE : _____

TREATMENT

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis and consult | <input type="checkbox"/> Trauma management |
| <input type="checkbox"/> Root canal therapy | <input type="checkbox"/> Internal/external resorption |
| <input type="checkbox"/> Apicectomy | <input type="checkbox"/> Internal bleaching |
| <input type="checkbox"/> Perforation repair | <input type="checkbox"/> Other : |

TOOTH

18	17	16	15	14	13	12	11
48	47	46	45	44	43	42	41

21	22	23	24	25	26	27	28
31	32	33	34	35	36	37	38

() construct a core

() prepare a post space

NOTES

REFERRED BY Dr. : _____

ADDRESS : _____

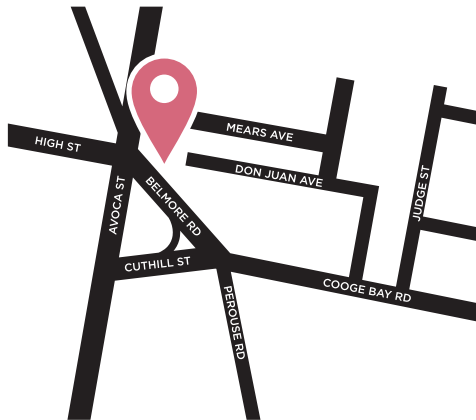
CONTACT : _____



ADVANCED ENDODONTICS

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