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## Dr. Maimi Yamaguchi

Practice limited to Microscopic Endodontics

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referring for Evaluation / Treatment of Tooth #: \_\_\_\_\_

- Endodontics necessary for proper restoration
- Previous Endodontic Therapy Failing
- Pulp was exposed
- Apicoectomy
- Crown Lengthening
- Tooth is opened for drainage
- X-ray revealed radiolucency/pulpal involvement
- Patient has pain, swelling or sensitivity, please evaluate & treat
- Post space desired
- Possible combined perio-endo lesion/Extraction if not salvagable
- Other

Referring by Dr: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_

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