Division of Endodontics



To whom it may concern,

I would like to thank you for your referral of . The patient was initially seen in our clinic on 7/10/2019 and a thorough evaluation was completed. Based on clinical and radiographic evidence, the following was determined and completed:

*Tooth #:* Choose an item..

*Diagnosis:* Choose an item./Choose an item..

*Treatment:* Choose an item..

*Restoration:* Choose an item..

*Completion Date:* 7/29/2019

*Prognosis:* Choose an item.

*Notes:* Patient tolerated treatment well. Please remove cotton pellet prior to final restoration.

 Pre-op Radiograph Post-op Radiograph

Regards,