



ENDODONTICS &  
IMPLANTOLOGY

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INTRODUCING \_\_\_\_\_

DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

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RIGHT

1	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

LEFT

PLEASE CIRCLE TOOTH OR TEETH