

# ENDODONTIST NYC

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212.228.2663

718.545.7770

Patient's Name: \_\_\_\_\_ Tooth No. \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Instructions: \_\_\_\_\_ Post Space: Y / N

*Thank You!*

**CEZAR M. MITRUT, D.M.D.**

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