

## MICHAEL C. MORAN, DDS, MSD

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Comm	en	ts:
		Other service:
		Place permanent restoration
		Prepare canal for post
		Evaluate and treat as necessary
		Examination and diagnosis only
Please	p	erform treatment as indicated:
Tooth t	o b	e treated:
Appt D	ate	/Time:
Referre	ed b	y Dr.:
Date		Fatient name.

