

*Il sottoscritto* \_\_\_\_\_

*alla C.A. della Segreteria dell'Accademia Italiana di Endodonzia*

**SCHEDA CASO CLINICO N.** \_\_\_\_\_

**IDENTIFICATIVO CASO:** \_\_\_\_\_

**ELEMENTO DENTARIO:** \_\_\_\_\_

**TIPOLOGIA  
CASO CLINICO** \_\_\_\_\_

**ESAME OBIETTIVO CLINICO**

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**ESAME OBIETTIVO RADIOGRAFICO**

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***DIAGNOSI***

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***TERAPIA***

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***MATERIALI E METODI***

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