

Watsonville Endodontics

Randolph Cross, DDS

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Introd	ducing:							Phone:									
								Appointment Date:									
								Referred by Dr:									
Right Please circle tooth/								teeth # to be evaluated/treated									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
Reason for referral:								Plans for restoration:									
	☐ Consultation☐ Root canal therapy							Place temporary fillingRestore with build-up at Watsonville									
	Retreatment root canal therapy							Endodontics									
☐ Apicoectomy								Save old crown/bridge if possibleProvide post space									
☐ CBCT scan only								Other:									
Other:								Additional Comments:									
		/swelli	na														
_			_	vitv.													
_	☐ Hot/cold sensitivity☐ Fractured/broken tooth																
_	☐ Deep caries/pulp exposure																
☐ Previous root canal																	
☐ Periapical radiolucency																	
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