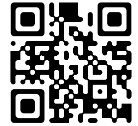
DR. JOJO KOTTOOR'S
Root Canal Point[SM]
A Centre To Preserve Natural Teeth



Patient Name: Age/Sex:

Patient Tel: Place:

1. **Tooth/Teeth requiring treatment:**
2. **Is the tooth symptomatic? Yes/ No**
3. **Purpose of referral:**

   a. Localization and Diagnosis of pain   b. Second opinion   c. Root canal treatment

   d. Mid-treatment intervention   e. Re-treatment   f. Periapical microsurgery

   g. Others, please specify:..

   ....

4. **Post-endodontic restoration:**

   a. Temporary restoration   b. Core (Composite)

   c. Post and core   d. Crown

   Please note that no restoration/additional procedures will be carried out without the express permission of the referring general practitioner.

5. **Relevant Medical History** (including medications):..

   ....

6. **Other Notes**..

   Referred by

   Dr. ....

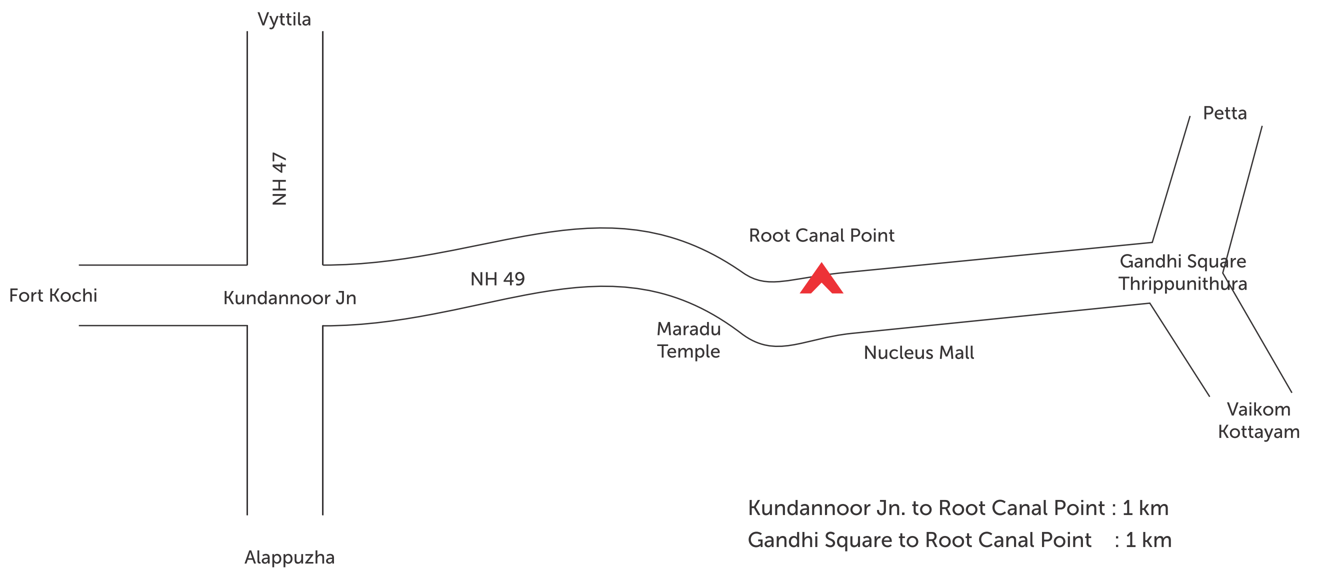
   Clinic address:...

   ....

   Signature/Date:

EVKV Building, Above SBT, Near Nucleus Mall, Maradu P.O., Kochi 682 304
0484 4000272 813 8000272 dr@rootcanalpoint.com
www.rootcanalpoint.com www.facebook.com/rootcanalpoint

Please scan the QR code or see reverse for maps and locations


Vyttila
NH 47
Petta
Root Canal Point
Gandhi Square
Thrippunithura
Fort Kochi
Kundannoor Jn
NH 49
Maradu
Temple
Nucleus Mall
Vaikom
Kottayam
Kundannoor Jn. to Root Canal Point : 1 km
Gandhi Square to Root Canal Point : 1 km
Alappuzha