

Prescription

Dr. shadab

8602161019

Shadab@gmail .com

Date : 24-07-2024

Treatment Package ID	122	Blood Group	B+
Patient Name	nishi	Disease	Diabetes
Patient Mobile No.	8602161019	Allergy	yes

Diagnosis

Date	Seleted Teeth	Disease	Chief Complain	On Exmination	Advice
24-07-2024	18, 17	Caries	Toothache	test	test
24-07-2024	16, 15, 14	Fracture	Swollen gums	test	test

Treatment Procedure

Date	Treatment	Teeth	Qty	Cost	Cst * Qty	Note
24-07-2024	Root Canal Treatment @ per tooth	18, 17	2	3000	6000	
24-07-2024	Direct Composite Veneer @ per tooth	16, 15, 14	3	2500	7500	

Medicine Details

Date	Medicine Name	Dosage	Frequency	Duration	Note
24-07-2024	Disprin 400 tablet	223	1-1-0(BD)	3 weeks	
24-07-2024	Disprin 400 tablet	test	1-1-0(BD)	3 weeks	

Doctor's signature

Patient's signature