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## CONSULTATION FORM

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**Full Name:** Sanjay

**Date:** 27-Jan-2024

**Address:**

**Contact Phone:** 9168135451

**Email Address:**

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**Chief Complaint:** Fractured tooth in lower left back jaw

**Medical History:** Nil

**Dental History:** RC treated teeth

**Under Medication (If Any):** Nil

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**Advice(please Tick)**

**Blood investigations For Implant**

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**Dental Consultation:**

**7. Restored Teeth:**

- Mandibular Left: 36 , 16 - fractured crown

**Special Instructions:**

O/E ; Fractured crown with 36, 16 ; RC treated 36 , 16 Advice : Extraction & replacement with 36 ; Re- Rc and Post with 16 / Or Extraction with 16 27/01/24 Extraction done with 36. Recalled after 10 days for suture removal. Post Op prescription and instructions given . Amount Paid - 4000/-

\*\*I declare that I have read this consultation form thoroughly and I understand every question asked. I believe I have no medical condition that may affect the treatment. All of the given answer is correct and true to the best of my knowledge.

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**Dr Ishita Jakhanwal**

Patient's Signature

MDS, prosthodontist & Implantologist

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Appointment No.: 9535751921 / 9960375503

Office 7, B wing, 1st floor, Siddhesh optimus, opp Lunkad Queensland, Viman Nagar, Pune - 411014

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