
CONSULTATION FORM

Full Name: Daksh Verma

Date: 21-Jan-2024

Address:

Contact Phone: 8698490537

Email Address:

Chief Complaint: Pain in lower right back tooth since 2 days

Medical History: nil

Dental History: RCT started with 47

Under Medication (If Any): Nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Right: 47

Special Instructions:

O/E ; Pain in lower right back tooth region since 2 - 3 days. IOPA shows - Deep caries and periapical lesion with 47. ; TOP Present with 47. Advice : RCT with 47 Budget - 3800/- 21/1/24 BMP done with 47. open dressing given . Pt recalled after 1 week . Prescription given Amount paid - 3000/-

**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.

Dr Ishita Jakhanwal

Patient's Signature

MDS, prosthodontist & Implantologist

Appointment No.: 9535751921 / 9960375503

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