

CONSULTATION FORM

Full Name: Veena Ravirajan **Date:** 06-Jan-2024 **Address:** viman nagar **Contact Phone:** 7798525767 **Email Address:** neerajarrajan@gmail.com

Chief Complaint	pain in upper right tooth
Medical History	nil
Dental History	crowns, restorations done
Under Medication (If Any)	nil

Advice(please Tick)

Single Dental Implant

Blood investigations For Implant

CBC

CB / CT

BT / CT

RBS

Rapid HIV

PT / INR

Dental Consultation:

1. Caries:

- Maxillary Right: 14 - proximal caries with bone loss

Special Instructions:

Treatment Done : 1) Extraction done with 14 Post operative instructions given. Advice : 1) CBCT with 14 for implant assessment 2) Blood Investigations For Implant procedure as advised

**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

MDS, prosthodontist & Implantologist

Patient's Signature

 Appointment No.: 9535751921 / 9960375503

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