
CONSULTATION FORM

Full Name: Janvi Arora
Date: 24-Jan-2024
Address: Viman Ngar
Contact Phone: 9034559866
Email Address:

Chief Complaint: Sensitivity in the lower left back tooth on hot or cold food
Medical History: nil
Dental History: restoration done with 36
Under Medication (If Any): nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

- 7. Restored Teeth:**
- Mandibular Left: 36

Special Instructions:

O/E : Deep Restoration seen with 36 Advice : RCT and Crown with 36 Treatment Done : RCT done with 36.
Post operative instructions and prescription given. Recalled after 1 week for follow up. Amount paid : 3800/-

**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

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