
CONSULTATION FORM

Full Name: Anita Shani

Date: 31-Jan-2024

Address:

Contact Phone: 9407240310

Email Address:

Chief Complaint: Pain in lower right tooth since 2 days

Medical History:Hyperthyroidism

Dental History: nil

Under Medication (If Any): for above medical condition

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Right: 45 - fractured crown

Special Instructions:

O/E - Fractured crown with 45. TOP and swelling present Advice - Extraction with 45 Treatment done - Extraction done with 45. Post Op instructions and prescription given. Amount Paid - 1500/-

**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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