



Dr. Ishita Jakhanwal

MDS, prosthodontist & Implantologist
(Reg : A-26110)

Patient Medical Record

Id	176		
Patient Id	P20240176	Name	Lovyam Vyas
Date Of Birth		Age (In Years)	3
Gender	Male	Address	
Primary Number	9783804077	Contact No 2.	
Email		Attended By	
Drug Allergy		Past Medical History	
Anniversary		Insurance	Yes
Chief Complaint		Past Dental History	
Investigations		Consent Form	No
Blood Investigation			

Treatment Record

Treatment Date	09-Jan-2024	Tooth Number	["51", "52", "53", "54", "55", "61", "62", "63", "64", "65", "71", "72", "73", "74", "75", "81", "82", "83", "84", "85"]	Summary	Dental Check Up	Diagnosis	Quotation
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Visits Record


Visit Date	09-Jan-2024	Work Done	Dental Check Up	Total Paid Amount	400.00	Balance Amount	0.00	Total Amount	400.00
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Prescription Record

Consent Record

Date	09-Jan-2024	Full Name	Lovyam Vyas	Address	
Contact	9783804077	Email Id		Chief Complaint	Swelling / Pain in upper front teeth (Gingivitis in upper anterior tooth region)
Medical History	nil	Dental History	nil	under Medication	nil
Special Instruction	O/E - Swelling/ bleeding gums suggestive of gingivitis Advice : 1) Ibugesic syrup (3ml - 8 hrly) (for 3 days) (after meal) 2) Syrup Clavam 2ml (Twice a day after meal) (For 3 days) 3) Mucopain gel (Twice for 3 days) Recalled after 3 days for follow up.	Advice		Blood Investigate	

 Appointment No.: 9535751921 / 9960375503

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