



**Dr. Ishita Jakhanwal**

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

## Patient Medical Record

<b>Id</b>	20		
<b>Patient Id</b>	P20230020	<b>Name</b>	Nina Ganantra
<b>Date Of Birth</b>		<b>Age (In Years)</b>	0
<b>Gender</b>	Female	<b>Address</b>	viman nagar
<b>Primary Number</b>	9830351647	<b>Contact No 2.</b>	
<b>Email</b>	nishantthakker@gmail.com	<b>Attended By</b>	Dr. Ishita
<b>Drug Allergy</b>	nil	<b>Past Medical History</b>	Diabetic , Under medication for same
<b>Anniversary</b>	01-Jan-1970	<b>Insurance</b>	No
<b>Chief Complaint</b>	Difficulty in chewing due to multiple missing teeth.	<b>Past Dental History</b>	Root canals, crowns, restorations done
<b>Investigations</b>	OPG	<b>Consent Form</b>	Yes
<b>Blood Investigation</b>	None		

## Treatment Record

Treatment Date	Tooth Number	Summary	Diagnosis	Quotation
19-Dec-2023	[ "18", "17", "16", "15", "14", "13", "12", "11", "21", "22", "23", "24", "25", "26", "27", "28", "48", "47", "46", "45", "44", "43", "42", "41", "31", "32", "33", "34", "35", "36", "37", "38" ]	Dental Check Up		

Treatment Date	23-Dec-2023	Tooth Number	[ "18", "17", "16", "15", "14", "13", "12", "11", "21", "22", "23", "24", "25", "26", "27", "28", "48", "47", "46", "45", "44", "43", "42", "41", "31", "32", "33", "34", "35", "36", "37", "38" ]	Summary	OPG	Diagnosis	Quotation
----------------	-------------	--------------	--	---------	-----	-----------	-----------

Visits Record

Visit Date	19-Dec-2023	Work Done	OPG	Total Paid Amount	800.00	Balance Amount	0.00	Total Amount	800.00
Visit Date	19-Dec-2023	Work Done	Dental Check Up	Total Paid Amount	400.00	Balance Amount	0.00	Total Amount	400.00


Prescription Record

Consent Record

Date	23-Dec-2023	Full Name	Nina Ganantra	Address	viman nagar
Contact	9830351647	Email Id	nishanththakker@gmail.com	Chief Complaint	Diffiiculty in chewing due to multiple missing teeth.
Medical History	Diabetic, under medication for same	Dental History	Root canals, Crowns, Restorations Done.	under Medication	For Diabetes.
Special Instruction	Advise - 1) Extraction with 13,14, 22, 27, 28, 36, 45, 46 2) RCT with remaining teeth 3) Tooth Supported Full Mouth Bridge 4) Implant supported bridge with 24 and 26 OR 5) RPD	Advice	Full Mouth Rehabilitation	Blood Investigate	CBC,BT / CT,RBS,PT / INR

	(Removable Denture with 24,25,26)				
--	--------------------------------------	--	--	--	--

 Appointment No.: 9535751921 / 9960375503

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