



Dr. Ishita Jakhanwal

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

Patient Medical Record

Id	149		
Patient Id	P20240149	Name	Anil Borse
Date Of Birth		Age (In Years)	
Gender	Male	Address	
Primary Number	9075531762	Contact No 2.	
Email		Attended By	Dr. Ishita
Drug Allergy		Past Medical History	
Anniversary		Insurance	No
Chief Complaint		Past Dental History	Trauma in upper front tooth region 4 years back
Investigations		Consent Form	Yes
Blood Investigation			

Treatment Record

Treatment Date	08-Jan-2024	Tooth Number	[ "22" ]	Summary	CBCT Blood Investigations	Diagnosis		Quotation	
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Visits Record


Visit Date	08-Jan-2024	Work Done	CBCT Blood Investigations	Total Paid Amount	500.00	Balance Amount	1500.00	Total Amount	2000.00
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Prescription Record

Consent Record

Date	08-Jan-2024	Full Name	Anil Borse	Address	
Contact	9075531762	Email Id		Chief Complaint	Missing upper front tooth
Medical History	nil	Dental History	trauma with upper front tooth 4 years back	under Medication	nil
Special Instruction	O/E - Missing upper left tooth On CBCT - Excessive bone loss in the region of 22 Advice : Single Cortico-Basal Dental Implant with Bone grafting And Crown with 22 Budget : 1) Dental Implant with Bone grafting - 35000/- 2) Implant Crown - 5000/- Discount Offered - 5000/- Final Budget - 35000/- (Inclusive of Blood investigations and CBCT scans)	Advice	Single Dental Implant	Blood Investigate	CBC,CB / CT,BT / CT,RBS,Rapid HIV,PT / INR

 Appointment No.: 9535751921 / 9960375503

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