
CONSULTATION FORM

Full Name: Parul Mittal

Date: 20-Jan-2024

Address:

Contact Phone: 9950919589

Email Address:

Chief Complaint: Pain in lower left back tooth

Medical History: nil

Dental History: Root Canals, Crowns done

Under Medication (If Any): nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Maxillary Right: 15,16,28

Special Instructions:

O/E : Impacted 38 Advice : Extraction with 38 ; Restorations with 15,16,28 19/01/24 Treatment Done :
Extraction done with 38 Post Operative Instructions and Medications Given. Recalled after 10 days for suture removal. Amount recieved = 4000/-

**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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