
CONSULTATION FORM

Full Name: Sunanda Venugopal

Date: 26-Jan-2024

Address:

Contact Phone: 7385999489

Email Address:

Chief Complaint: Difficulty in chewing due to multiple missing teeth

Medical History: Hyper thyroidism patient

Dental History: Restorations and dentures given

Under Medication (If Any): for hyperThyroid

Advice(please Tick)

Full Mouth Rehabilitation

Blood investigations For Implant

CBC

CB / CT

BT / CT

RBS

Rapid HIV

PT / INR

Dental Consultation:

Special Instructions:

25/01/24 Treatment Done - Lower extractions with implant placement and grafting done with 33,34,36,43,44,46 Post Operative Instructions given and prescription given. Amount received - 25,000/-

**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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