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## CONSULTATION FORM

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**Full Name:** Sayan Maity

**Date:** 20-Jan-2024

**Address:**

**Contact Phone:** 7047768134

**Email Address:**

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**Chief Complaint:** Tooth like structure erupting from lower left lingual side of the jaw

**Medical History:** nil

**Dental History:** nil

**Under Medication (If Any):** nil

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**Advice(please Tick)**

**Blood investigations For Implant**

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**Dental Consultation:**

**Special Instructions:**

O/E : Erupting Tooth from left lingual side of the mandible ; Caries with 18 , 26 , 37 , 38 , 47 , 48 Advice :  
OPG and IOPA On OPG and IOPA - Over retained premolar seen Advice : Extraction of over retained tooth  
; Restorations with 18, 26, 37, 38, 47, 48

\*\*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.

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**Dr Ishita Jakhanwal**

Patient's Signature

MDS, prosthodontist & Implantologist

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Appointment No.: 9535751921 / 9960375503

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