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## CONSULTATION FORM

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**Full Name:** Anil Borse  
**Date:** 08-Jan-2024  
**Address:**  
**Contact Phone:** 9075531762  
**Email Address:**

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**Chief Complaint:** Missing upper front tooth  
**Medical History:** nil  
**Dental History:** trauma with upper front tooth 4 years back  
**Under Medication (If Any):** nil

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### Advice(please Tick)

Single Dental Implant

### Blood investigations For Implant

CBC  
CB / CT  
BT / CT  
RBS  
Rapid HIV  
PT / INR

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### Dental Consultation:

- 6. Missing Teeth:**
- Maxillary Left: 22

### Special Instructions:

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)

\*\*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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