
CONSULTATION FORM

Full Name: Sanjay

Date: 21-Jan-2024

Address:

Contact Phone: 9168135451

Email Address:

Chief Complaint: Fractured tooth in lower left back jaw

Medical History: Nil

Dental History: RC treated teeth

Under Medication (If Any): Nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

7. Restored Teeth:

- Mandibular Left: 36 , 16 - fractured crown

Special Instructions:

O/E ; Fractured crown with 36, 16 ; RC treated 36 , 16 Advice : Extraction & replacement with 36 ; Re- Rc and Post with 16 / Or Extraction with 16

**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

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