
CONSULTATION FORM

Full Name: Veena Ravirajan

Date: 17-Jan-2024

Address: viman nagar

Contact Phone: 7798525767

Email Address: neerajarrajan@gmail.com

Chief Complaint: Pain in Upper right tooth

Medical History: Nil

Dental History: Crowns and Restorations done

Under Medication (If Any): Nil

Advice(please Tick)

Single Dental Implant

Blood investigations For Implant

CBC

CB / CT

BT / CT

RBS

Rapid HIV

PT / INR

Dental Consultation:

1. Caries:

- Maxillary Right: 14 Proximal Caries with bone loss

Special Instructions:

Treatment done - Implant Placement with grafting Done with 14 (MODE 4.1/ 10) : Post Operative instructions and prescription given. Recalled after 15 days for suture removal.

**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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