
CONSULTATION FORM

Full Name: Dr Gopal

Date: 17-Jan-2024

Address:

Contact Phone: 9603222245

Email Address:

Chief Complaint: Dislodged Crown

Medical History: nil

Dental History: Root Canals and Restorations Done

Under Medication (If Any): Nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

8. Crowned Teeth:

- Maxillary Right: 17 Dislodged crown

Special Instructions:

Treatment Done - Crown Re - Cementation with 17.

**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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