
CONSULTATION FORM

Full Name: Divya Rastogi

Date: 04-Jan-2024

Address: Wadgaonsheri

Contact Phone: 9584176575

Email Address: divyarastogi75@gmail.com

Chief Complaint: Dental Chech Up

Medical History: nil

Dental History: Crowns and Restorations Done

Under Medication (If Any): nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Right: 47

Special Instructions:

Advice : 1) Scaling & Polishing 2) Composite Restoration with 47

**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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