
CONSULTATION FORM

Full Name: satyam fuse

Date: 06-Dec-2023

Address: pimple gurav pimpri chinchwad

Contact Phone: 8871788069

Email Address: dev.adcolabit@gmail.com

Chief Complaint: 1212

Medical History: 1212

Dental History: 121

Under Medication (If Any): 2

Advice(please Tick)

Single Dental Implant

All on 6 Implants

Blood investigations For Implant

CBC

CB / CT

Dental Consultation:

1. Caries:

- Maxillary Right: 2121
- Maxillary Left: 121
- Mandibular Right: 12
- Mandibular Left: 121

2. Cervical Abrasion:

- Maxillary Right: 1212
- Maxillary Left: 212
- Mandibular Right: 1212
- Mandibular Left: 212

3. Root Pieces:

- Maxillary Right: 121
- Maxillary Left: 121

- Mandibular Right: 12
- Mandibular Left: 121

4. Cervical Abrasion:

- Maxillary Right: 1212
- Maxillary Left: 212
- Mandibular Right: 1212
- Mandibular Left: 212

5. Root Pieces:

- Maxillary Right: 121
- Maxillary Left: 121
- Mandibular Right: 12
- Mandibular Left: 121

6. Missing Teeth:

- Maxillary Right: 2121
- Maxillary Left: 212
- Mandibular Right: 121
- Mandibular Left: 212

7. Restored Teeth:

- Maxillary Right: 21
- Maxillary Left: 12
- Mandibular Right: 212
- Mandibular Left: 121

8. Crowned Teeth:

- Maxillary Right: 1212
- Maxillary Left: 1212
- Mandibular Right: 12
- Mandibular Left: 212

9. Bridge:

- Maxillary Right: 121
- Maxillary Left: 121
- Mandibular Right: 121
- Mandibular Left: 12

Special Instructions:

1212112

****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.**

Patient's Signature

Ishita Sakhamwal

Appointment No.: 9535751921 / 9960375503

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