
CONSULTATION FORM

Full Name: avnit dhiman

Date: 08-Jan-2024

Address:

Contact Phone: 7972558459

Email Address:

Chief Complaint: Fractured upper right tooth.

Medical History: nil

Dental History: RCT and Crown done with 15

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:

3. Root Pieces:

- Maxillary Right: 15 - RCT treated , fractured crown and periapical lesion

5. Root Pieces:

- Maxillary Right: 15 - RCT treated , fractured crown and periapical lesion

Special Instructions:

O/E - Fractured Crown with 15, History of RCT and Crown with 15. On IOPA - RC Treated 15, Periapical lesion seen with 15, fractured crown Advice : 1) Extraction with 15 - 2000/- 2) Dental Implant - 22000/- 3) Implant Crown - 5000/- Total Budget - 29000/- Discount offered - 3000/- Final Budget - 26000/- (Inclusive

of CBCT scan and Blood Investigations) Payment Mode - Option 1) EMI starting from 6 - 18 Months Option
2) Installment 1 : 65% amount ; Installment 2 : 35% amount

**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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