
CONSULTATION FORM

Full Name: Daksh Verma

Date: 24-Jan-2024

Address:

Contact Phone: 8698490537

Email Address:

Chief Complaint: Pain in lower right back tooth since 2 days

Medical History: nil

Dental History: RCT started with 47

Under Medication (If Any): Nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Right: 47

Special Instructions:

O/E ; Pain in lower right back tooth region since 2 - 3 days. IOPA shows - Deep caries and periapical lesion with 47. ; TOP Present with 47. Advice : RCT with 47 Budget - 3800/- 21/1/24 BMP done with 47. open dressing given . Pt recalled after 1 week . Prescription given Amount paid - 3000/- 21/1/24 BMP done with 47, Open Dressing given. Recalled after 1 week for follow up. Amount paid - 3000/-

****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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