
CONSULTATION FORM

Full Name: Megha Routtela

Date: 06-Jan-2024

Address: Dhanori

Contact Phone: 8859455627

Email Address: megharauttela@gmail.com

Chief Complaint: Deposits and stains, blackish discolouration of teeth

Medical History: nil

Dental History: nil

Under Medication (If Any): nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Right: 48
- Mandibular Left: 38

Special Instructions:

Treatment done : 1) Scaling & Polishing Advice : 1) Restoration with 38,48

**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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