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## CONSULTATION FORM

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**Full Name:** satyam fuse

**Date:** 06-Dec-2023

**Address:** pimple gurav pimpri chinchwad

**Contact Phone:** 8871788069

**Email Address:** dev.adcolabit@gmail.com

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**Chief Complaint:** 1212

**Medical History:** 1212

**Dental History:** 121

**Under Medication (If Any):** 2

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### Advice(please Tick)

Single Dental Implant

All on 6 Implants

### Blood investigations For Implant

CBC

CB / CT

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### 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.**

*Ishita Jakhanwal*

**Dr Ishita Jakhanwal**

Patient's Signature

MDS, prosthodontist & Implantologist

Appointment No.: 9535751921 / 9960375503

Office 7, B wing, 1st floor, Siddhesh optimus, opp Lunkad Queensland, Viman Nagar, Pune - 411014

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