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## CONSULTATION FORM

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**Full Name:** Tejas Khatalik

**Date:** 06-Jan-2024

**Address:**

**Contact Phone:** 9371967118

**Email Address:** tejaskhatalik@gmail.com

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**Chief Complaint:** Missing upper left and right back teeth

**Medical History:** Carrier Hepatitis B

**Dental History:** Bridge done

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

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### Advice(please Tick)

Multiple Dental Implants

### Blood investigations For Implant

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### Dental Consultation:

**6. Missing Teeth:**

- Maxillary Right: 16
- Maxillary Left: 26

### Special Instructions:

Treatment Done : 1) Sinus Lift and Dental Implant Placement with 16,26 ( Osstem Implants ) Size - 4/8.5mm (TS4) 2) Recalled after 15 days for suture removal

\*\*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.

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**Dr Ishita Jakhanwal**

Patient's Signature

MDS, prosthodontist & Implantologist

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Appointment No.: 9535751921 / 9960375503

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