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## CONSULTATION FORM

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**Full Name:** Tanuj Negi

**Date:** 30-Jan-2024

**Address:**

**Contact Phone:** 7507757059

**Email Address:**

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**Chief Complaint:** Pain in left maxillary sinus and orbital region since 2 months

**Medical History:** nil

**Dental History:** nil

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

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**Advice(please Tick)**

**Blood investigations For Implant**

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**Dental Consultation:**

**Special Instructions:**

O/E : Stains ++, Calculus + ; No TOP Present ; No dental pathology noticed ; Healthy gingiva Advised ; OPG , Scaling and polishing No Pathology noted in OPG. Advice for a second opinion with ENT Specialist if condition persists. Amount Paid - 800/-

\*\*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

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

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