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## CONSULTATION FORM

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**Full Name:** Suman Madaan

**Date:** 08-Jan-2024

**Address:**

**Contact Phone:** 9371088578

**Email Address:**

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**Chief Complaint:** Pain and swelling in lower left back tooth region since 5 days.

**Medical History:** Diabetic since 20 years ; Angioplasty done 1 year ago (October 2022)

**Dental History:** Crowns and Restorations done.

**Under Medication (If Any):** Undergoing medications For Diabetes and After Angioplasty.

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**Advice(please Tick)**

### Blood investigations For Implant

CBC

BT / CT

RBS

Rapid HIV

PT / INR

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### Dental Consultation:

**1. Caries:**

- Mandibular Left: 35,36,37

### Special Instructions:

On / Examination -1) TOP Present with 35, 36, 37 ; 2) Fractured crown with 35 ; 3) PFM Crown with 36 ; 4) Restorations with 37, 38 On IOPA - 1) Periapical widening and Lesion with 35, 36, 37 ; 2) Periapical widening with 38 Advice : 1) Extractions with 35, 36, 38 ; 2) RCT with 37 3) Bridge with 34, 35, 36, 37

\*\*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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