
CONSULTATION FORM

Full Name: Veena Choudhary

Date: 16-Jan-2024

Address:

Contact Phone: 9168948546

Email Address:

Chief Complaint: Black spot visible in upper left back tooth

Medical History: Breastfeeding

Dental History: Restorations done

Under Medication (If Any): nil

Advice(please Tick)

Blood investigations For Implant

Dental Consultation:

1. Caries:

- Mandibular Left: 26

Special Instructions:

O/E - Caries with 26 seen ; Stains & Calculus present Advice - Composite Restoration required; Scaling & Polishing required

**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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