



# Royal Dental Care

*Sculpting Smiles..*

73388 56002  
73388 56003  
75982 86695

No.98, Kalaingar Karunanidhi Salai, Sholinganallur, Chennai - 600 119.  
(ECR - OMR Link Road, Near Toll Gate)

Rx

Date.....18.4.19.....

Patient named Mr./Mrs./Ms..... aged..... complained of pain in..... for past.....days. On clinical examination was diagnosed with dental caries associated with/without pericoronitis, with/without tenderness on percussion.

Patient named Mr./Mrs./Ms..... Aniket Chhabra aged.....31..... was advised prophylactic removal of....64, 65, 4, 84... to facilitate orthodontic / endodontic / prosthodontic management.

## Diagnosis :

Acute / Chronic irreversible pulpitis / pericoronitis associated with impacted....64, 65, 4, 84 with/without periapical lesion.

## Treatment :

Patient advised to undergo surgical removal of impacted....64, 65, 4, 84 under local anaesthesia / conscious sedation / general anesthesia. WARDS incision was given and full thickness mucoperiosteal flap was elevated. Buccal and distal bone guttering was performed around impacted tooth. Longitudinal / crown-root split was performed with 703 bur. Tooth was elevated with a luxator and tooth was delivered with forceps. Socket toileting was done with betadine saline. Primary closure of surgical site was performed with 3'0 black silk suture. Post operative instruction was given.

Patient advised to take antibiotics and analgesics for.....5.....days. Patient advised to repeat after one week for suture removal.

Dr.S.SWATHI M.D.S.,  
PROSTHODONTIST & IMPLANTOLOGIST

Dr. Swathi  
Reg. No.15644

ISO 9001 : 2015 Certified Dental Clinic

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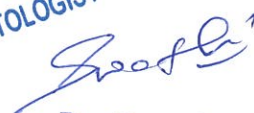
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