

Patient Information



**Patient Name** : Avinash Malhotra  
**Phone Number**: 8899656565  
**Email ID** : avinashmal@yopmail.com  
**Address** :  
**Gender** : male

Dentist Information



**Dentist Name** : Dr.Rene-Test  
**Phone Number**:  
**Email ID** : rene@yopmail.com  
**Location of Practice** : Kolkata

Treatment

**Health Practice** : Cosmetic dentistry  
**Patient Visit Date** :  
**Referral Reason** : urgent  
**Referral Notes** :

**Patient Problem** :  
**Specialist** :  
**Urgency Level** :medium

Insurance

**Insurance Company** :  
**Policy Holder** :  
**Policy Number** :  
**Validity Period** :

**Coverage and Eligibility** :

Medical Profile -

**Vitals**  
**Body Temperature** :  
**Pulse Rate** :  
**Blood Pressure** :  
**Pain Level** :  
**Number of teeth to be address** :

**Patient Diagnosis** :  
**Medical History** :  
**Referral Notes** :