

CONSENT FORM

I / we have read and understood the procedure and the risks involved in the procedure and I / we have explained the risk involved in the procedure and I



VIJAYA DENTAL CLINIC

Beside Syndicate Bank, Near Uppal Bus Depot, Peerzadiguda, Hyd-52.

Dr K. Kiran Kumar
MDS Orthodontist

Dr Madhusudhan Reddy
Cosmetic Dental Surgeon

Name : Mr. Ajay Joshi

Age : 28

Sex : M

Date : 18/01/18

Rx

Cap Novamox 500mg (16)

1 — 1 — 1 x 5 days

Tab

Kifenoc-P

(10)

1 — 0 — 1

x 5 days

Tab

pan-40

(8)

1 — 0 — 0

x 5 days

Doctor's
for

Medley

Cell : 7799151919, 9391404841
www.vijayadentalclinic.in

Every Day 9 am to 9
Sunday on Appointment

Doctor's Signature



CONSENT FORM

_____ has fully explained to me the kind of procedure he / she will perform and has answered my questions and the procedure my satisfaction. The doctor has explained the risk involved in the procedure and the risks and am willing to undergo the procedure. This I consent to my own free act and will.

_____ have been given to me by my doctor about the results of the procedure and I also understand that the procedure when more than one procedure may be necessary to complete the treatment of my condition.

3. I also agree to co-operate fully with my doctor and to follow to the best of my ability, his/her instructions and recommendations about my care and treatment.

4. I agree to pay the full charges for the procedure as mentioned by the doctor.

Date :

Patient / Guardian Signature _____

TREATMENT ADVISED

- Oral prophylaxis.

- Root canal treatment in 14

- Crown.

P. 14
14-14

Shed - A3,

Date	Treatment Done	Next App. Date
18/01/18	Consultation	200/-
18/01/18	X-ray	500/-
18/01/18	Root access opening done	2500/-
23/01/18	Bmp done & Oral prophylaxis.	1500/-
28/01/18	Crown preparation done	6000/-
30/01/18	Crown fixation done <i>stainless steel (Zr. Crown)</i>	
VIJAYA DENTAL CLINIC Near Upper Bus Depot, Hyderabad - 500 0		

Doctor's Signature _____



VIJAYA DENTAL CLINIC

Beside Yadagiri Hotel, Near Uppal Bus Depot,
Peerzadiguda, Hyderabad - 92.
Ph : 7799151919, 9391404841

Dr. Madhusudhan Reddy
Cosmetic Dental Surgeon

Timing :
Every day 9 a.m. to 9 p.m.
Sunday on Appointment

Reg No A.7.6.5 Date 18/01/18
Name Mr. Ajay Joshi (9991364214) Age 24 Sex M

CHIEF COMPLAINT

patient c/o pain in upper left back teeth regions
since - 3 days.
pain is severe / shooting / continuous.

MEDICAL HISTORY

History of - NCH

Drug Allergy -

Systemic Diseases -

Diabetes -

Hyper tension -

Past Dental History -

ON EXAMINATION

e	d	c	b	a	e	d	c	b	a						
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
e	d	c	b	a	a	b	a	a	b	c	c	d	d	e	e

D = Decayed, M = Missing, F = Filled

INVESTIGATIONS

Top4.

NAME : Mr. AJAY JOSHI
 AGE : 24 Years
 PATIENT ID : TXCUYSZXMZYWCK-988
 ADDRESS : township
 DATE : 30-JAN-2018
 GENDER : MALE
 CONTACT # : 91 9991344217

RECEIPT

DATE	TREATMENT	COST	QTY	DISCOUNT	CGST %	SGST %	TOTAL COST	RECEIVED	BALANCE
18-JAN-2018	CONSULTATION	200	1	0 %	0	0	200	200	0
18-JAN-2018	X RAY	500	1	0 %	0	0	500	500	0
18-JAN-2018	RCT	2500	1	0 %	0	0	2500	2500	0
23-JAN-2018	ORAL PROPHYLAXIS	1500	1	0 %	0	0	1500	1500	0
30-JAN-2018	ZR CROWNS	6000	1	0 %	0	0	6000	6000	0
TOTAL :							10700	10700	0
							0		

Mode of Payment : CASH

Consulted by : Dr. M MADHU SUDHAN REDDY
 DENTIST

Clinic is powered by hCue
 Visit us @ www.hcue.co

VJAYA DENTAL CLINIC
 Near Uppal Bus Depot,
 Hyderabad- 500 092.

H. No. 9-16, Sri Ram Nagar Colony, Beside Uppal Depot, R.R. Dist - 39.
 Date: 18/01/2018

Patient Name: **4936** Ajay Sathi

Dr. Name: Reddy Sudhan Reddy

Qty	PARTICULARS	Sch.	Batch No.	Mfr. Name	Expiry Date	AMOUNT Rs. Ps.	
115	MOX-500 CAP	H	2893523		06/19	98	44
140	Hifenac-P tabs	H	K22870		09/19	42	66
175	paracet-40 tabs	H	AC706		03/19	50	00
170	colson-650 tabs	-	ST-17315		08/19	18	70
						209	80

D.L. No.: 293/RR/AP/2006/R
 G.R.N.: SAR/06/01254

Thanking you

Timings : 7.00 am to 11.00 pm

Signature
 Sanyal