



ACHARYA DENTAL®

Date :5/3/19.....

Dear Doctor,

We are referring Ms. Saileja Peragauri who has a medical history of Diabetes and hypertension. The patient needs to undergo dental extraction under local anaesthesia/sedation. Kindly give your consent to perform the above procedure supplemented with the following medication.

PRESCRIPTION:

Rx

T. Augmentin 625mg
O. Nubolin B
T. Iron plus
.....
.....

Thanking You,



SAILAJA PENAGAMURI
Id : 58159
Female

Prescription (Rx)

Date : 5-MAR-2019

Type	DrugName	Strength	Dosage	Duration In Days	Instructions	Remark
1/ Tab	Augmentin	625 mg	1 Morning	1 Night 5-Days	After Food to be Started on the night before the procedure	
2/ Cap	Nutrolin B		1 Morning	1 Night 5-Days	After Food to be Started on the night before the procedure	
3 Tab	Imol Plus		1 Morning	1 Night 3-Days	After Food - for Pain only, as needed Maximum 3 tablets a day	


Signature

ACHARYA DENTAL

NO.5, THIRUMURTHY NAGAR, 6TH STREET, NUNGAMBAKKAM CHENNAI - 600 034, India.

Phone: +91-44-49501100/28274114/28224114/ +91-9952056515.

E-Mail: acharya@acharyadental.in Website: <https://www.acharyadental.com>

**BILL**

For,
Ms SAILAJA PENAGAMURI

Pt.ID : 58159
Bill No : BILL 12789/2018-2019
Date : 5-MAR-2019

SNo	TNo/Reg	Treatment Procedure	Amount in INR
1		Clinical Oral Evaluation- Consultation	500.00
2		Photographs- Digital OPG P1	800.00
Total :			1300.00
Amt Paid :			1300.00
Balance :			0.00

For ACHARYA DENTAL


Authorised Signatory



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Provisional Treatment Plan & Estimate

To,
Ms SAILAJA PENAGAMURI

Visit No : 1

Date : 05-Mar-2019

Pt. Id : 58159

SNo	Region	Treatment Plan	Estimate
1	ALL	Extraction- Total Extraction	Rs. 10000.00
2	ALL	Complete Denture- Upper & Lower	Rs. 35000.00
3	UArch	Complete Denture- Chairside Relining - Upper	Rs. 2000.00
4	LArch	Complete Denture- Chariside Relining - Lower	Rs. 2000.00

- Note: 1. Estimate valid for 1 year
 2. Payment to be made prior to particular service
 3. Subject to change depending on clinical situation


Signature

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