INSERTED INSERTED

CHIEF COMPLAINT

Decayed Tooth

d

Medical History

Acute Myocardial Infection

d

DRUG ALLERGY

Amoxicillin

d

EXTRA ORAL EXM.

No Abnormality Detected

d

INTRA ORAL EXM.

Leukoplakia

d

 $\mathbf{R}_{\mathbf{x}}$

1. Enhancin 250mg

After Meals

Test

1. CBC

Treatment Advised

Remark
1. Extraction

11

Consent:

I authorize the doctor to perform appropriate medical/dental care for me/my patient. I also appoint him as my legal representative and authorize him to make decisions regarding medical/dental treatment.

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