

Name : Rohit Sharma **Age :** 28 Years **Sex :** Male **ID :** 1026 **Date :** 09-05-18

CHIEF COMPLAINT

["Decayed Tooth","Dental check up"]

Medical History

DRUG ALLERGY

EXTRA ORAL EXM.

INTRA ORAL EXM.

R_x

["Augmentin 500mg"]
["Twice a day"]

Treatment Advised

["Twice a day"]

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.

Thank you visit again