

Regd. No. 4386



Care Dental

MULTI SPECIALITY HOSPITAL

3-4-248, Near All Well Diagnostics, 1st Floor Moin Complex,
Sawaran Street, Karimnagar. Ph. 8688076836

Patient Name: *Doosa Sathulsh Ennath*
Address: *416: 2-81, Channayal*
City, Zip Code: *Chopradanelli Channayal*
Telephone: *9989884111*

PROCEDURE(S)	PRICE	TOTAL
① Consultation		300 = ₹
② Lateral X-ray L & R (full mouth)		25,000 = ₹
	Total :	25,300 = ₹



[Signature]
Signature

Ph : 9246934656, 8688076836



Care Dental

MULTI SPECIALITY HOSPITAL

Date: 06/07/2021

Name: Sabir
Address: Karimnagar
Age/Sex: 32/Male
Referred by:

Dr. Md. Numanuddin
M.D.S.
Periodontist, Implantologist
Laser Specialist.

Dr. Sarath
B.D.S.
Cosmetic Dental surgeon

Dr. Suhasini
B.D.S.
Senior Dentist

Dr. Thousif Ahmed
M.D.S.
Oral & Maxillofacial Surgeon
Implantologist

Dr. Marwa Fathima
B.D.S.

Dr. Navya Krishna
M.D.S.
Orthodontist

Rx
Yes 1h consult about history of gum

2x initial full

M/h + Not Enfract

3/6 : + Calrete Shies

→ Amelgrip BOP + Packed

→ Amelgrip Review $\frac{6}{3} \div \frac{6}{3}$

→ Under the initial $\frac{1}{3}$ = $\frac{1}{3}$

Full Amelgrip

① Gum Check up

② Test Packed BOP - ⑤

③ Amelgrip 27 to ④

④ Test. ACB Plus - ⑩



Scan for Address

Address: H. No:3-4-248, Near All Well Diagnostics, Doctors Street, Karimnagar, 505001
Off Ph : 9700 786 594, 89191 50229

20/12

06-12-21 = 20,000/-

06/12/2021

→ LAMP (Last Month) has
absent (Punish) full
Month. (Last Day Day).

→ Home Plan + Disbursement

at
$$\begin{array}{r} 8-3 \mid 3-8 \\ 8-3 \mid 3-8 \end{array}$$

→ Sub Plan.

→ Pt. give One Hour Fee.

→ 1st week after 1 week

Dr. Nani

12/12/2021

① Sample of toothbrush

② Soft toothbrush.

③ Vending Mouthwash.

Sub demand for

Dr. Nani