

Shalby MD Physician Clinic

Patient Name:-

Pragnesh Pahl
40/M

Age / Sex :-

Chief Complaints:-

no cr

Drug / Food Allergy:-

Asthma before many yrs.

Past History :-

T2DM - Mother

Famil, History:-

Systemic Examination:-

slc
R
C
J
C
@

OPR NO:

Date:

9.9.23

Weight:- 70.1kg

Height:- 173 cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- 86 / min

BP:- 103/78 mmHg

SpO2:- 99 %

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Investigation :-

USG. Qv^r Falling LWR
Ch 270
TR 282

Treatment and further advices:-
(Write in Capital Letters)

LOL 181
P 134
R2 250
ASAC 6.8

Rx
TAB GUY COMET SL (5M) (20)
1-2-1
TAB ROSEAL 10 (15)

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Follow Up:

18.9.23 - 11am

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

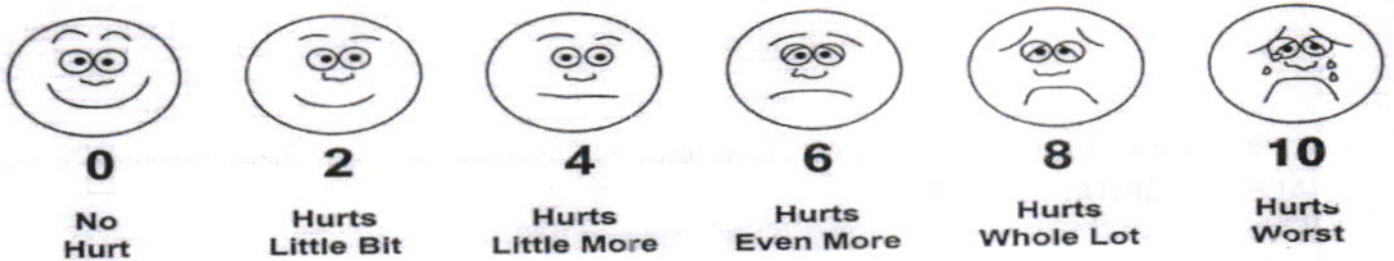
Date:- with *[Handwritten signature]* P.P.S.

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000349713 OP-001

REPORT STATUS : Interim



Patient Name : Mr Pragnesh Harishbhai Patel /	Registered On : 09-Sep-2023 10:23 AM
Lab ID : 309900723	Collected On : 09-Sep-2023 10:25 AM
Gender/Age : Male / 40 Years	DOB : 22-May-1983
Received On : 09-Sep-2023 11:00 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.2	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.64	mill/cmm	4.5 - 5.5
HCT	Calculated	41.1	%	40 - 50
MCV	Calculated based on the RBC histogram	88.5	fL	83 - 101
MCH	Calculated	28.4	pg	27 - 32
MCHC	Calculated	32.1	g/dL	31.5 - 34.5
RDW	Calculated	13.2	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8500	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	62	%	40 - 80
LYMPHOCYTES	Flow Cytometry	32	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	321000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	7.6	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist



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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	30	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.8	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) * <i>Calculated</i>	148	mg/dL	

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 Consulting Pathologist

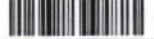


Certificate No. : MC-5200


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Lab ID : 309900723	Collected On : 09-Sep-2023 10:25 AM
Gender/Age : Male / 40 Years	DOB : 22-May-1983
Received On : 09-Sep-2023 10:59 AM	Sample Type : Serum, Urine (PP), Fluoride PP, Urine (F)
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	134	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	250	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	PRESENT[+++]	mg/dL	Absent
-------------------------	---------------------	-------	--------

Glucose-oxidase/oxidase reaction

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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	270	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	252	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	39	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	231	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	181	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	50	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	4.6		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	6.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	15	mg/dL	9 - 20
UREA <i>Calculated</i>	32	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.72	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	6.4	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.3	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.4	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.65	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	121	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10
	> 20 years	0.87-1.78

Total T4 *	10.03	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70
	> 15 years	4.82-15.65

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TSH * 3.053 μ IU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

PROSTATE SPECIFIC ANTIGEN * 0.35 ng/mL 0 -4 ng/ml

Enzyme Linked Fluorescent Assay (ELFA)

Clinical Use:

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- Followup and management of Prostate cancer patients.
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

- PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
- Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Liver Function Test

Parameter	Result	Unit	Biological Ref. Interval	
Liver Function Test				
SGPT (ALTV)	Multi Point Rate with P-5-P	47	U/L	21 - 72
SGOT (AST)	Multi Point Rate with P-5-P	35	U/L	17 - 59
Alkaline Phosphatase	PP, AMP Buffer	107	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT *	L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic	37	U/L	15 - 73
S. PROTEIN	Biuret (Alkaline cupric sulfate), End Point	7.4	g/dL	6.3 - 8.2
Albumin	Bromocresol Green (BCG), Colorimetric	4.4	g/dL	3.5 - 5.0
S. GLOBULIN	Calculated	3.0	g/dL	2.3 - 3.6
A/G Ratio	Calculated	1.5	Ratio	1.0 - 2.3
Bilirubin Total	Azobillirubin/Dyphylline/Diazonium Salt	0.6	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated	End-point Colorimetric (Dual wavelength spectrophotometric)	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT	Calculated	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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CLINICAL PATHOLOGY
URINE EXAMINATION
Physical Examination

Colour *	Pale yellow	Pale yellow
Transparency	Clear	Clear

Chemical Examination

Glucose	Glucose-oxidase/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.030	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Trace (+/-)	Negative
pH	Double Indicator principle	5.5	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Trace (+/-)	Negative
Urobilinogen *	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative

Microscopic Examination

Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	0-2/hpf
Epithelial cells	3-4/hpf	/hpf	NA
Crystals	NIL		Nil
Cast *	Nil		Nil
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil
Others	Sperms		Nil

----- End of Report -----

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Consulting Pathologist

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Patient ID:	SUR0000349713	Patient Name:	PRAGNESH H PATEL
Age:	40 Years	Sex:	M
Accession Number:	11009	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	9-Sep-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- **No significant abnormality seen.**

Thanks for referral.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

ID: _____ Name: _____ years

Sex: M Birth date: _____ / _____ / _____ mmHg

cm kg

Indication: _____

Symptoms: _____

History: _____

Heart rate: 80 bpm

PR interval: 124 ms

QRS duration: 80 ms

QT/QTc(E) interval: 346/382 ms

QT/QTc(T) interval: 20/58/28 ms

ST/STc interval: 1.20/0.58 mV

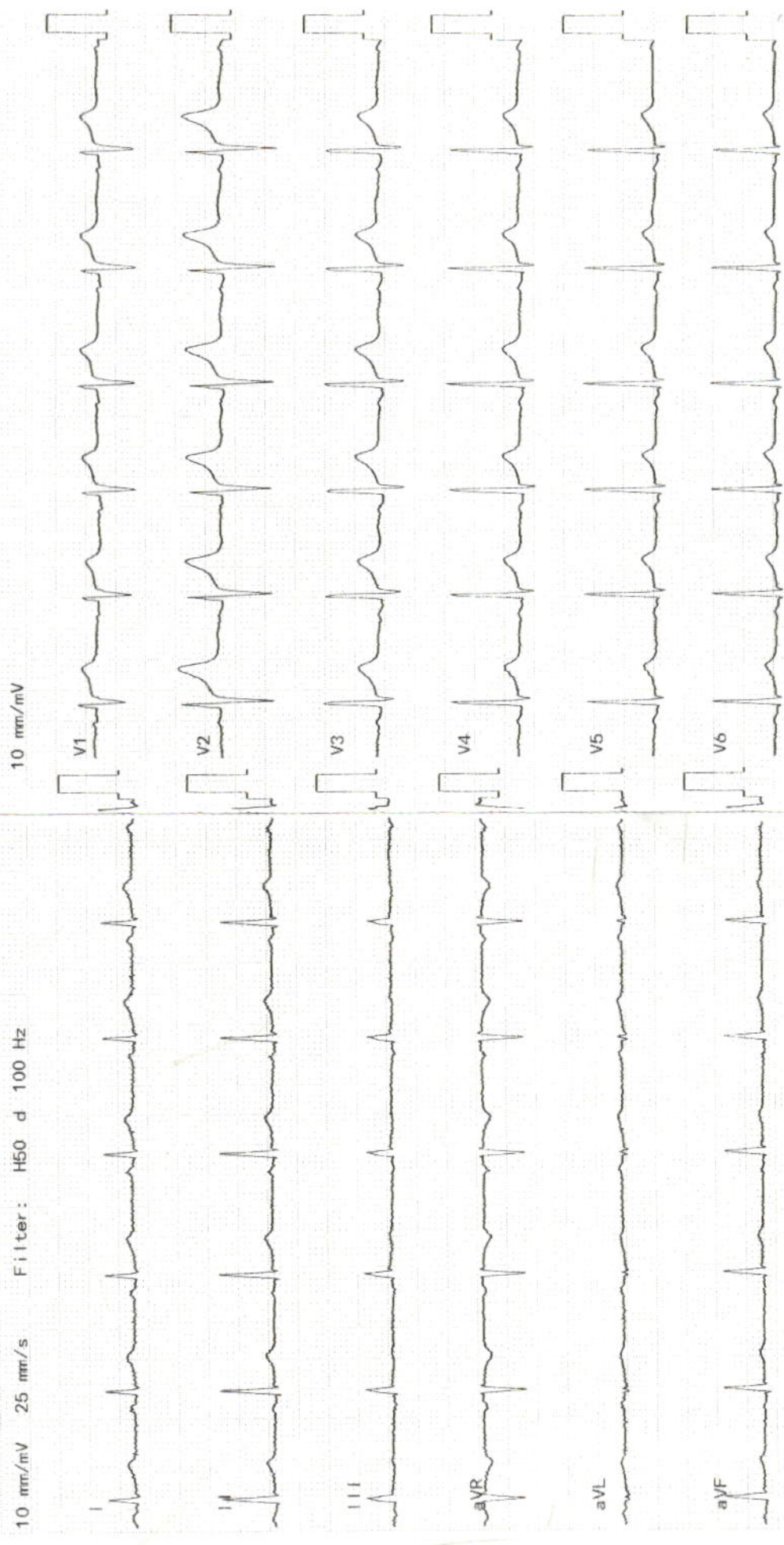
ST/STc slope: 1.78 mV

1100 Sinus rhythm
9110 ** normal ECG **

Poojesh Patel

Dr. A. N.

Unconfirmed Report
Reviewed by:

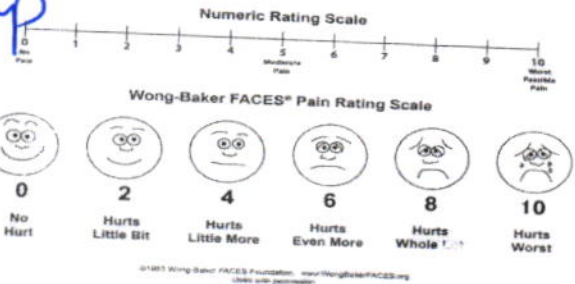


DR. RUJUTA SHELAT
 Consultant Ophthalmologist
 Reg. No.:- G-48712

Name :- *pragnesh H PATE*

Date:- *09/09/2023*

Chief Complaints:- *medical check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drugs Allergies*

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/6* *NR*
6/6 *NR*

NCT *12*
12

ON Examination

Ant. Segmenet

STT ± 0.20

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*
6/6

add +1.00M

Both Eye

WNL

RX-850K
2016-02-25 22:38
SHOP: SHELAT GEN HOSP

Anterior Chamber

NAME:

REF. DATA	S	C	A
<R>			
	-1.50	+0.00	
	-0.50	-2.00	1
	-0.75	-1.00	13
*	-0.75	-1.50	7
<L>			
	-0.75	-0.50	140
	-1.00	-0.50	145
	-1.00	-0.50	148
*	-1.00	-0.50	144

VD=0
PD=65

Rt. EYE

Lt. EYE

Investigation:-

Background:-

Macula:-

Diagnosis:-

Myopia

Treatment:-

Glasses for near

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2/12

Signature of the Consultant

[Signature]

Patient's Name: Pragnesh Patel

Age: 40 yrs/ male

UHID:349713

Date: 09 / 09 / 2023

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.

Normal LV systolic function

with Ejection Fraction 60 %.

Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV

Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.
Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Patient Name: PRAGNESH H. PATEL		UHID: 349713
Age / Sex: 40 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: DR. at shalby hospital	Date: 09/09/2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade I fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size 30 x 40 x 35 mm, volume 19 cc. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Grade I fatty liver.
- No other significant abnormality is seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 01/08/23

Patient Reg. No. : _____

Patient Name : Dhagnesh H. Patel

Age / Sex : 40 / M

Address : Powder Street

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

. Brush your teeth twice a day.

. Floss your teeth daily.

. Gargle forcefully after each meal.

. Visit your dentist twice a year.

Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv : Scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)