

# MATHRUSRI RAMABAI AMBEDKAR DENTAL COLLEGE & HOSPITAL

(Founded by : Ananda Social & Educational Trust)  
ISO 9001:2015 CERTIFIED

Affiliated to Rajiv Gandhi University of Health Sciences  
Recognised by Dental Council of India

1/36, Cline Road, Cooke Town, Bengaluru - 560 005  
Ph: 080 - 2546 0747 [www.mradc.in](http://www.mradc.in)

## SPECIALISED CLINICS AND FACILITIES

1. Comprehensive/integrated clinic
2. Implant clinic
3. Geriatric clinic
4. Special Health Care Needs Clinic
5. Tobacco Cessation Clinic
6. Aesthetic Clinic

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## STANDARD OPERATING PROCEDURES (SOPS)

7. Comprehensive/integrated clinic
8. Implant clinic
9. Geriatric clinic
10. Special Health Care Needs Clinic
11. Tobacco Cessation Clinic
12. Aesthetic Clinic

### INDEX

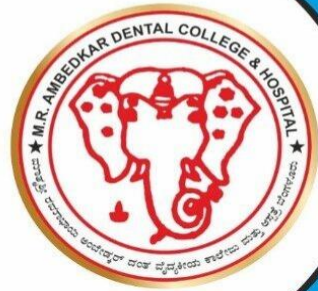
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## COMPREHENSIVE / INTEGRATED CLINIC

### Purpose

To describe the professional services offered by the department of comprehensive dental clinic.

### Aims of the Service:

The dental education has an important role in equipping dentists to cater to the oral health needs of the population. Under graduation is the first step in this process through which the dental graduates acquire basic knowledge, understanding and skills required for a successful dental practice. Dental education has been undergoing a paradigm shift from teacher-centred learning to competency-based training.

The need for patient to navigate different specialities for care also leads to poor compliance particularly for treatment follow-ups.

Attempts have been made elsewhere in the world to overcome this limitation and introduce students to a mode of learning where training in all different specialities are undertaken in one integrated centre. This re-orientation of dental education is aimed to be 'patient-friendly' as they received complete dental care under one roof in contrast to the traditional system where patient had to be referred to multiple speciality clinic based on his/her dental problems. Thus, a dual benefit of holistic training for students and better patient satisfaction is envisioned.



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## Scope:

Covers all aspects of the operations within the clinic, including patient assessment, appointments, treatment, follow-up, and overall management of the patient.

## Areas of Responsibility:

Initial examination is done along with required investigations by house surgeons for precise diagnosis and treatment planning.

All the procedures are supervised by our highly trained and experienced faculty, ensuring that the quality of care is not compromised in our comprehensive clinics. A variety of treatment options from restorations, root canal treatment, crowns and bridges etc.

## VISION

- To train the house surgeons to learn different treatment procedures to stay on cutting edge technology in dentistry.
- Continually update ourselves regarding the best and most current materials and Technology available in dentistry and infection control
- Treat the patient's dental needs with the highest level of care, skill, judgment and comfort under the best superspecialist treatment.

## MISSION

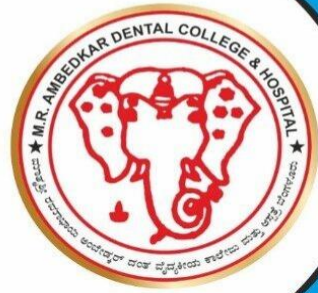
- To inculcate human values and a sense of service among the students.
- To promote scholarly activities that benefits the profession and the public.
- To provide the best dental care available for all ages.
- To train the house surgeons to be competent, skilled duty conscious and dedicated clinicians



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- To grow and evolve with our profession and society

## VALUES

- Innovation
- Patient Centered.
- Promote a culture of dignity, respect, support and compassion fostered through a diverse and inclusive environment.
- Promote equality, integrity, team spirit and good human values.



## STRATEGIC GOALS

This strategic plan articulates five goals that promote excellent dental education; compassionate, patient-centered care; innovative basic and clinical research; strategic and efficient operations; and an inclusive and supportive environment. These goals, which are highly integrated, will guide institution's decision-making for the next five years toward achieving excellence in dentistry and oral health.

## Standard operating protocol

All the new patients are directed to one of the 6 comprehensive clinics from MRD. In these clinics, initial examination is done along with required investigations by undergraduates for precise diagnosis and treatment planning. All the procedures are supervised by our highly trained and experienced faculty, ensuring that the quality of care is not compromised in our comprehensive clinics. The fee in the comprehensive clinic is significantly lower when compared to the private sector (dental clinics)

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Each comprehensive clinic comprises of 7 dental units with well equipped state of the art facilities like portable X-ray, central sterile supply,adequate dental materials, equipment clinical laboratory and soiled zone.

Full-time specialist dentist provides comprehensive clinical care to patients at premium charges. This clinic provides faster treatments with lesser waiting period while maintaining treatment standards.

## Services offered

1. Diagnosis and treatment planning
2. Scaling
3. Root planning
4. Minor surgical procedures
5. Restorations
6. Crowns and Bridges
7. Extractions
8. Dentures
9. Root canal treatment



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## IMPLANT CLINIC

### PURPOSE:

The purpose of this program is to produce competent implantologists and/or teachers who shall be,

1. Able to diagnose the situation and provide proper treatment to complete & partially edentulous patients.
2. Knowledge able in various implant surgical techniques (1<sup>st</sup> stage & 2nd Stage)
3. In position to repair & restore the lost structure to maintain harmony between both the hard and soft tissues of the oral cavity and facial structures
4. Knowledgeable in the available materials
5. Skilful to execute the treatment
6. Able to assess the predictable long-term results of an implant supported prosthesis.
7. Able to manage complications which may arise after prosthodontic rehabilitation

### SCOPE:

1. Can start/include implant procedures in the clinical practice
2. Become dental implant consultant
3. Can work as consultant in various tertiary care hospitals
4. Get opportunity in working overseas countries



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## AREAS OF RESPONSIBILITY:

1. Department of Oral and Maxillofacial Surgery
2. Department of periodontology
3. Department of Prosthodontics



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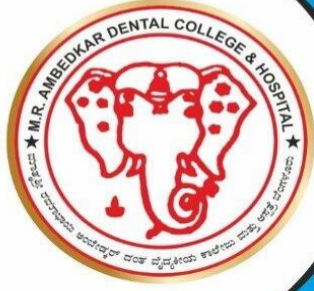
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## LIST OF EQUIPMENTS AND INSTRUMENTS:

LIST OF EQUIPMENTS	LIST OF INSTRUMENTS
1. Complete dental chair with X-ray unit	1. Implantkit.
2. Various implant kits and implants.	<ul style="list-style-type: none"> <li>• Complete set of drills for 1<sup>st</sup> stage, 2<sup>nd</sup> stage surgery and over dentures.</li> </ul>
3. Physio-dispenser with reduction gear handpiece.	2. Impression posts.
4. OPG machine in the premises.	3. Implant analogues.
5. RVG machine in the premises.	4. Gingival formers.
6. Basic surgical kit.	5. Abutments: plastic patterns and preformed.
7. Autoclave.	6. Sterilization boxes.
8. Hotairoven.	7. Reduction hand pieces.
9. Adequate audio visual equipment for documentation required	8. Titanium tipped pliers.
	9. Titanium tweezers.
	10. Instrument trays— glass and stainless steel.





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11. Surgical scrub sink—stainless steel/ceramic.
12. Lockers.

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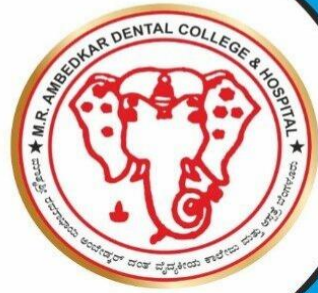
- 1. Patient Evaluation and Preoperative Assessment:** a. Comprehensive medical and dental history review. b. Clinical examination, including intraoral and extraoral assessment. c. Radiographic evaluation (panoramic radiograph CBCT scans). d. Assessment of bone quality and quantity at the implant site. e. Evaluation of the patient's oral hygiene and overall health status.
- 2. Treatment Planning:** a. Discussion of treatment options with the patient. b. Selection of the appropriate implant system and size. c. Development of a comprehensive treatment plan, including the number and location of implants. d. Assessment of the need for any adjunctive procedures (e.g., bone grafting, sinus lift).
- 3. Informed Consent:** a. Explain the procedure, risks, benefits, and alternatives to the patient. b. Ensure the patient's understanding and obtain written informed consent.
- 4. Preoperative Preparation:** a. Review preoperative instructions with the patient (e.g., fasting, medication). b. Prepare the surgical suite, ensuring proper sterilization and disinfection.
- 5. Anesthesia and Pain Management:** a. Administer local anesthesia or sedation as indicated. b. Ensure patient comfort and monitor vital signs throughout the procedure.
- 6. Implant Placement:** a. Aseptic technique and sterile draping. b. Creation of asurgical flap to access the implant site. c. Drilling the implant bed using sequential drill based on the implant system's guidelines. d. Placement of the dental implant at the desired depth and angulation. e. Closure of the surgical site with sutures.



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7. **Postoperative Care and Instructions:** a. Provide postoperative instructions to the patient, including oral hygiene guidelines and dietary restrictions. b. Prescribe antibiotics and analgesics as needed. c. Schedule follow-up appointments for suture removal and postoperative assessments.

8. **Radiographic Evaluation:** a. Postoperative radiographs to confirm proper implant placement.

9. **Prosthetic Phase:** a. Allow for osseointegration (healing period), typically 3-6 months. b. Create impressions for the fabrication of the final prosthesis. c. Delivery and adjustment of the implant-supported prosthesis.

10. **Long-Term Follow-up:** a. Regular recall appointments to monitor implant health and oral hygiene. b. Maintenance and care instructions for the patient. c. Address any complications or issues that may arise.

11. **Continuing Education and Research:** a. Encourage participation in ongoing professional development and research in implantology.



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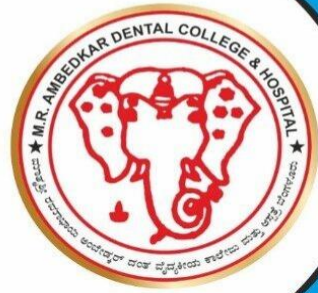
12. **Record Keeping:** a. Maintain comprehensive patient records, including treatment plans, radiographs, and progress notes.

This procedure list outlines the essential steps involved in implantology within the Department of Oral and Maxillofacial Surgery at a dental college. It is crucial to adhere to established clinical guidelines, ensure patient safety, and maintain high standards of professionalism and ethics throughout the implantology process.



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## GERIATRIC CLINIC

### Standard Operating Procedure (SOP)

**Eligibility criteria for students:** Interns, Post-Graduates

**Faculty:** 2 staff members from the Department of Prosthodontics will be posted on rotation basis

**Patients treated:** By definition, an individual aged 65 or older seeking dental aid can be treated in the department. Medically compromised patients or patients with disability above the age of 60 can also access the department.

#### 1. Purpose:

The purpose of this Standard Operating Procedure (SOP) is to outline the guidelines and procedures for the efficient and effective functioning of the Geriatric Clinic. This SOP aims to ensure the highest quality of care, safety, and comfort for elderly patients.

#### 2. Scope:

This SOP covers all aspects of the operations within the Geriatric Clinic, including patient appointments, assessment, treatment, follow-up, and general clinic management.

#### 3. Definitions:

**Geriatric Clinic:** A specialized medical facility focused on providing comprehensive care to elderly patients.

**Geriatric Patient:** An individual aged 65 or older seeking medical care in the clinic. **Care Team:** Medical professionals, including doctors, nurses, and support staff, responsible for patient care within the clinic.



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## 4. Appointment Scheduling:

Appointments are scheduled to ensure adequate time for thorough assessments and consultations.

Priority is given to patients with acute medical needs or urgent concerns.

New patients are asked to provide medical history and relevant documents prior to the appointment to streamline the assessment process.

## 5. Patient Assessment:

Each patient undergoes a comprehensive geriatric assessment, including medical history review, physical examination, cognitive assessment, medication review, and assessment of functional status.

Assessments also encompass social and emotional well-being, nutritional status, and fall risk evaluation.

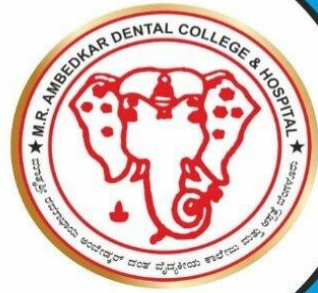
Assessment findings are documented in the patient's electronic health record (EHR).



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## 6. Treatment and Care:

Treatment plans are personalized based on the patient's medical condition, functional status, and goals of care.

A multidisciplinary approach may involve collaboration between physicians, nurses, social workers, physical therapists, occupational therapists, and other specialists.

Medication management and potential interactions are carefully monitored and adjusted as needed.

Patient and family education is a crucial component of the treatment plan.

## 7. Follow-up and Monitoring:

Follow-up appointments are scheduled to monitor the patient's progress and adjust treatment plans if necessary.

Periodic assessments help track changes in health, functional status, and cognitive abilities.

Patient feedback is encouraged and considered when modifying care plans.

## 8. Clinic Environment:

The clinic is designed to be elderly-friendly, ensuring ease of access for patients with mobility challenges.

Waiting areas are comfortable and equipped with appropriate seating and reading materials. Wheel chairs and ramps to be available for easy mobility.

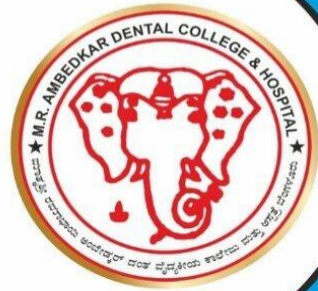
Clear signage and way finding aids assist patients in navigating the clinic.



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## 1. Infection Control:

Infection control protocols are strictly adhered to, with regular cleaning and disinfection of clinic areas.

Staff members follow hand hygiene practices and wear appropriate personal protective equipment (PPE).

## 2. Staff Training:

All staff members undergo specialized training in geriatric care, including communication with elderly patients and addressing their unique needs.

Continuing education ensures staff stay updated with the latest advancements in geriatric medicine.

Faculty should have undergone training in BLS/ACLS.

## 3. Confidentiality and Privacy:

Patient confidentiality is maintained as per the Health Insurance Portability and Accountability Act (HIPAA) guidelines.

Patient records, both physical and electronic, are stored securely to prevent unauthorized access.

## 4. Emergency Preparedness:

The clinic has established protocols for handling medical emergencies involving elderly patients.

Staff members are trained to respond effectively to various medical scenarios.

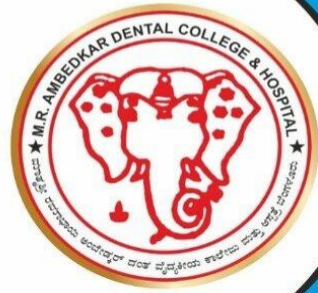


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## 5. Continuous Quality Improvement:

Regular audits and assessments are conducted to evaluate the clinic's performance and identify areas for improvement.

Patient feedback is actively collected and analyzed to enhance the patient experience.

## 6. Conclusion:

This SOP serves as a guideline to ensure the smooth functioning of the Geriatric Clinic, providing the highest standard of care for elderly patients. Adherence to these procedures helps maintain patient safety, well-being, and overall satisfaction.

This SOP is subject to updates and modifications as required.



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## SPECIAL HEALTH CARE NEEDS CLINIC

### PRIORITY PATIENTS: CHILDREN WITH SPECIAL HEALTH CARE NEEDS

#### Purpose

- To ensure that all the pediatric / adult patients with special health care needs and camp patients seeking dental care get the required care from the hospital.

#### Scope

- It includes new patients (patients seeking emergency care and routine check-ups), old patients with Special health care needs and camp referrals.

#### Responsibility

- The patients/cases are allotted to the junior residents, senior resident, faculty based on the type of procedure to be performed.

#### Procedure

- Patient registers at the registration counter and obtains a case paper.
- Individuals with special health care needs (all ages) are requested to report directly to the Department of Pediatric Dentistry.



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DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  M R AMBEDKAR DENTAL COLLEGE & HOSPITAL, Bangalore	STANDARD OPERATING PROCEDURES		
	SOP No: PEDO/MRADC&H/ SOP/02	Issue date	
	Title: <b><u>Priority Patients</u></b>	Effective date	
		Review due date	

PARTICULARS	NAME & DESIGNATION	SIGNATURE
PREPARED BY	Dr. Laghna Gowda, Reader	
REVIEWED BY	Dr. Ila Srinivasan, HOD	
APPROVED BY	Dr. Pradeep.P.R, Principal	



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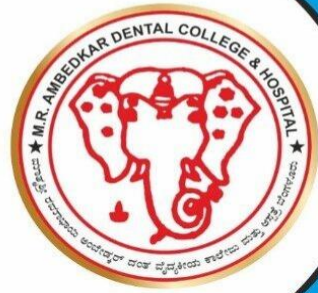
Sr. No	Activity	Responsibility	Reference Document/ Record
1.	In the Department of Pediatric Dentistry the case paper is handed over to the nurse/clinician who enters the details. (Name, Age /Sex, Case paper No,) of the patient on the OPD register.	Intern / PG Student	PEDO/ MRADCH /OPD REGISTER/R0 1
2.	Patients requiring emergency care (swelling, *referred from medical college ward, children with special health care needs, immunocompromised patients, camp referrals) are examined on priority basis.	PG Student/ Faculty	
3.	The patient is requested to wait outside the Department and is then called by the nurse/clinician on a priority basis.	Intern / PG Student / Faculty	



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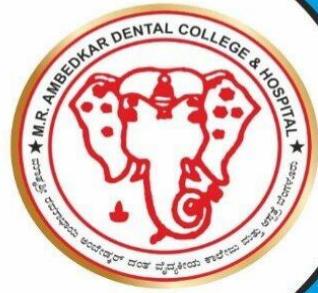
4.	<p>Child patient with special healthcare needs: The child and the parent are greeted. The child is then examined on the dental chair. A detailed medical history, past dental history and history of present illness is taken. If any investigations like radiographs /routine blood haemogram are required, the patient is referred for the same and treatment is planned.</p>	<p>Intern / PG Student / Faculty</p>	<p>Patient's case paper</p>
5.	<p>Adult patient with special health care needs: The patient is greeted and examined on the dental chair. The consultants from the various specialities in the dental college are called to the clinic for patients with special needs for their respective expert dental opinion. A detailed medical history, past dental history and history of present illness is taken. If any investigations like radiographs/ routine blood investigations are required, the patient is referred for the same and treatment is planned accordingly.</p>	<p>Intern/ PG Student / Faculty</p>	<p>Patient's case paper</p>



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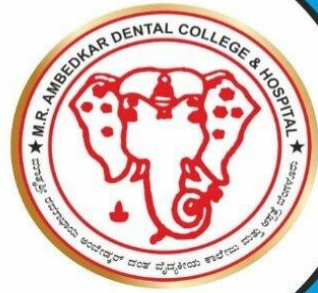
<p>If the adult patient is ambulatory then the consultants in the various departments are informed telephonically that the patient will be visiting their respective department</p>		
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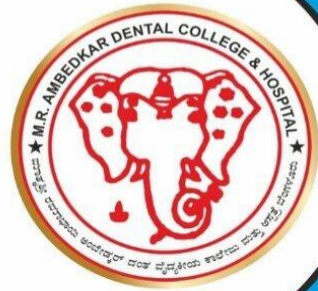
6.	If patient requires emergency care, treatment is carried out on the same day. The doctor prescribes medications if necessary.	PG Student/ Faculty	Signed Entry in case-paper
7.	Schedule of follow up protocol is decided based on case presentation, treatment carried out, and anticipated outcome. The same is recorded in the case paper and the patient is informed verbally.	PG Student / Faculty	Appointment register PEDO/ MRADCH/ APPOINTMENT REGISTER/ R02
8.	If the patient requires in-patient management, the child and the parent are informed and patient is then shifted to the ward as per in-patient management protocol.	PG Student / Faculty	SOP for In-patient management PEDO/ MRADCH/ SOP-IN-PATIENT MANAGEMENT/ S04



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## TOBACCO CESSATION CLINIC

The Department of Public Health Dentistry is dedicated towards providing preventive oral health care to patients across Bangalore and surrounding areas. As prevention becomes increasingly important, the department's focus has been on developing effective solutions to improve the dental health of the population. A tobacco cessation centre assists habitués to quit tobacco (Smoke as well as smokeless forms) in the Department.

### 1. Purpose:

- An effective TCC centre aims to provide patient care services and community awareness by conducting clinical based individual tobacco cessation sessions that include pharmacological and non-pharmacological approaches.

### 2. Scope:

- It covers the Tobacco habits (Smoke and Smokeless) who visit M.R Dental College and Hospital for Dental treatment.

### 3. Responsibility:

- The Tobacco Cessation Center is under the Department of Public Health Dentistry with referral support from other Dental departments.
- The Center operates on a daily basis with a monthly schedule of posting of interns

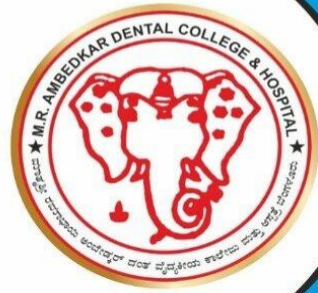


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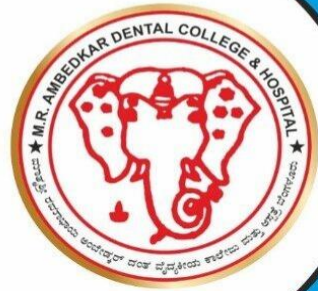
- Individual Tobacco cessation counselling is done by interns in a room specially designated for Tobacco Cessation Counselling with comfortable seating arrangement which is free from external sounds and distraction.
- The interventions used are Behavioral and Nicotine replacement therapies.
- The data generated from the Tobacco cessation center (name, age, gender, Type of habit, Oral lesion, stage of behavior change, type of intervention given and follow up visits) is maintained in a standard format.



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## AESTHETIC CLINIC

### **Purpose:**

To ensure that adequate treatment services are provided to patients during the appointments and all the diseased teeth are restored back to form and function.

### **Scope:**

It covers the patients visiting the department for appointment treatment procedures.

### **Responsibility:**

The staff nurses are responsible for registering patients and also giving appointments where indicated after the treatment is completed.

The interns, postgraduate students and senior residents are responsible for treating the patients, as per the appointments.

The consultants are responsible for supervision and also rendering treatment to patients on the irrespective work checking and working days.

### **Direct Restorations:**

Take a preoperative radiograph in case of deep carious lesions to assess the proximity of lesion to pulp.

Check occlusion and design the outline form.

Administer local anaesthesia where indicated

Check occlusion Prepare a cavity and excavate caries and assess the need for a liner or base, and type of restorative material.

Use capsulated amalgam if the material of choice is amalgam.



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Follow steps of etching, bonding and incremental light curing technique if the material of choice is composite.

Place matrix band, retainer and wedge where indicated.

Carry out the restoration under isolation.

Check for high points and occlusion.

Give instructions to the patient post restoration, based on the restorative material used.

## Indirect Restorations

Take a preoperative radiograph to assess the proximity of lesion to pulp and design the outline form.

Make casts for large cavities that may require cusp coverage or crowns / teeth needing laminates/veneers.

Local anaesthesia where indicated.

Use inlay/crown/laminate preparation armamentarium as indicated.

Prepare the cavity.

Take a wax pattern or make an impression as indicated. Temporize the cavity and send the patient.

Fabricate the casting in the laboratory.

Next appointment, try the restoration and cement it in the cavity.



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## Root Canal Treatment (Anterior Tooth)

The number of appointments can vary for this procedure based on the severity of infection and case difficulty.

Take a preoperative radiograph.

Administer local anaesthesia to the patient.

Prepare an access cavity for the indicated tooth.

Determine the working length and take a radiograph.

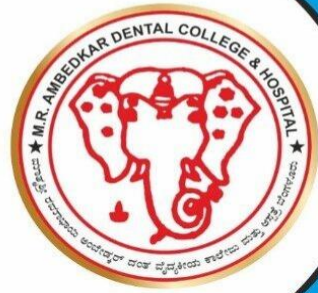
Carry out cleaning and shaping of the canals along with irrigation.



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Place an intra canal medicament if required.

Take a master cone radiograph.

Obturate the tooth.

Place a post endodontic restoration.

## **Bleaching of**

### **TeethIn-**

#### **Officebleaching**

Evaluate teeth colorwith shade guide.

Protect tissue with either rubber dam or resin barriers.

Apply bleaching gel to the teeth.

Follow manufacturer's instructions for light activation and time of application (not exceeding 45minutes to 1 hour).

Place protective eyewear over patient's eyes activating with light.

Remove bleaching gel with high volume aspirator.

#### **Homebleaching**

Make upper and lower impressions

Fabricate trays

Give instructions on usage of the bleaching agent and the trays to the patient.

Deliver only the upper tray first

Review after 1week.

Deliver the lower tray at this visit

Review after1

week



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## Post and Core

Ensure the quality of obturation and periapical status

Prepare the post space with Peeso reamers

Take the post space impression with pattern

resin Temporize the tooth

Fabricate the casting in the laboratory

Try-in the casting and cement with luting cement

Make an impression

Fabricate the

crown in the

laboratory Try-in

and cement the

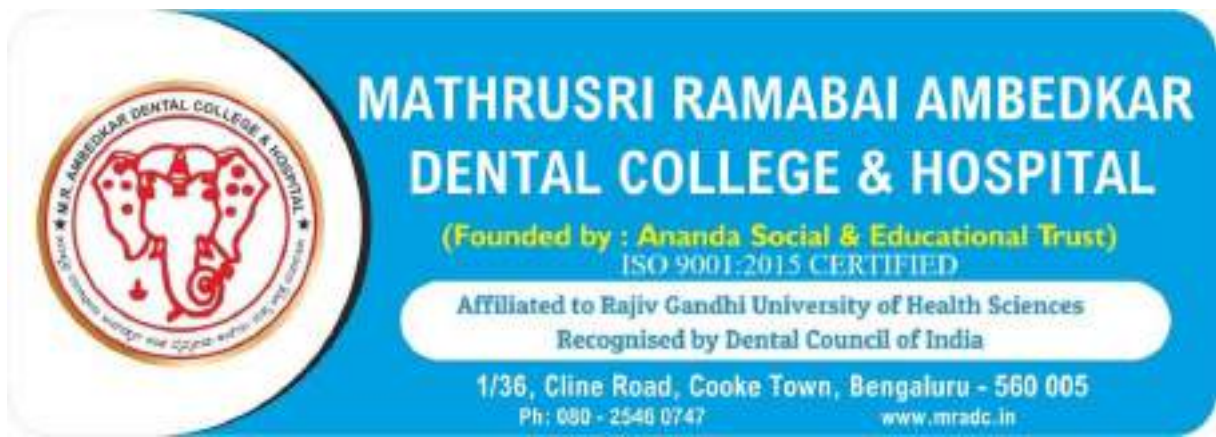
crown



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## REGISTERS OF SPECIALIZED CLINICS

1. Comprehensive / integrated clinic
2. Implant clinic
3. Geriatric clinic
4. Special Health Care Needs Clinic
5. Tobacco Cessation Clinic
6. Aesthetic Clinic

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## COMPREHENSIVE / INTEGRATED CLINIC

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No.	Name	Age	Sex	Address	Phone
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF DENTISTRY		SERVICE CLASS REGISTER	
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3	100003	45	M	...	...	...	...
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6	100006	18	F	...	...	...	...
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3	100013	42	M	...	...	...	...
4	100014	19	F	...	...	...	...
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3	100023	43	M	...	...	...	...
4	100024	16	F	...	...	...	...
5	100025	36	M	...	...	...	...
6	100026	23	F	...	...	...	...
7	100027	44	M	...	...	...	...
8	100028	13	F	...	...	...	...
9	100029	34	M	...	...	...	...
10	100030	19	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		Date	Page
Sl. No.	Pt. No.	Age	Sex	Address	Referral	Examination	Diagnosis
1	100031	26	M	...	...	...	...
2	100032	33	F	...	...	...	...
3	100033	46	M	...	...	...	...
4	100034	18	F	...	...	...	...
5	100035	35	M	...	...	...	...
6	100036	24	F	...	...	...	...
7	100037	45	M	...	...	...	...
8	100038	12	F	...	...	...	...
9	100039	38	M	...	...	...	...
10	100040	20	F	...	...	...	...



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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		Date	Page
Sl. No.	Pt. No.	Age	Sex	Address	Referral	Examination	Diagnosis
1	100041	29	M	...	...	...	...
2	100042	34	F	...	...	...	...
3	100043	47	M	...	...	...	...
4	100044	17	F	...	...	...	...
5	100045	36	M	...	...	...	...
6	100046	25	F	...	...	...	...
7	100047	48	M	...	...	...	...
8	100048	11	F	...	...	...	...
9	100049	39	M	...	...	...	...
10	100050	21	F	...	...	...	...



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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL		DEPARTMENT OF		SERVICE CLINIC	
DEPARTMENT OF		REGISTER		DATE		PAGE	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis	Treatment	Remarks
1	1000001	35	M	...	...	...	...
2	1000002	45	F	...	...	...	...
3	1000003	25	M	...	...	...	...
4	1000004	30	F	...	...	...	...
5	1000005	40	M	...	...	...	...
6	1000006	38	F	...	...	...	...
7	1000007	28	M	...	...	...	...
8	1000008	32	F	...	...	...	...
9	1000009	42	M	...	...	...	...
10	1000010	36	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL		DEPARTMENT OF		SERVICE CLINIC	
DEPARTMENT OF		REGISTER		DATE		PAGE	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis	Treatment	Remarks
1	1000011	33	M	...	...	...	...
2	1000012	48	F	...	...	...	...
3	1000013	22	M	...	...	...	...
4	1000014	37	F	...	...	...	...
5	1000015	41	M	...	...	...	...
6	1000016	34	F	...	...	...	...
7	1000017	29	M	...	...	...	...
8	1000018	31	F	...	...	...	...
9	1000019	43	M	...	...	...	...
10	1000020	35	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL		DEPARTMENT OF		SERVICE CLINIC	
DEPARTMENT OF		REGISTER		DATE		PAGE	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis	Treatment	Remarks
1	1000021	39	M	...	...	...	...
2	1000022	44	F	...	...	...	...
3	1000023	27	M	...	...	...	...
4	1000024	36	F	...	...	...	...
5	1000025	46	M	...	...	...	...
6	1000026	32	F	...	...	...	...
7	1000027	26	M	...	...	...	...
8	1000028	34	F	...	...	...	...
9	1000029	42	M	...	...	...	...
10	1000030	38	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL		DEPARTMENT OF		SERVICE CLINIC	
DEPARTMENT OF		REGISTER		DATE		PAGE	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis	Treatment	Remarks
1	1000031	30	M	...	...	...	...
2	1000032	47	F	...	...	...	...
3	1000033	24	M	...	...	...	...
4	1000034	35	F	...	...	...	...
5	1000035	45	M	...	...	...	...
6	1000036	31	F	...	...	...	...
7	1000037	28	M	...	...	...	...
8	1000038	33	F	...	...	...	...
9	1000039	41	M	...	...	...	...
10	1000040	37	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL		DEPARTMENT OF		SERVICE CLINIC	
DEPARTMENT OF		REGISTER		DATE		PAGE	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis	Treatment	Remarks
1	1000041	34	M	...	...	...	...
2	1000042	43	F	...	...	...	...
3	1000043	23	M	...	...	...	...
4	1000044	36	F	...	...	...	...
5	1000045	44	M	...	...	...	...
6	1000046	32	F	...	...	...	...
7	1000047	27	M	...	...	...	...
8	1000048	35	F	...	...	...	...
9	1000049	42	M	...	...	...	...
10	1000050	38	F	...	...	...	...



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No.	Pt. No.	Age	Sex	Referral Source	Diagnosis	Treatment	Follow up	Dr.
1	1000001	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
2	1000002	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.
3	1000003	55	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
4	1000004	40	F	General	Caries	Restoration	1 week	Dr. P.R.P.
5	1000005	60	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
6	1000006	30	F	General	Caries	Restoration	1 week	Dr. P.R.P.
7	1000007	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
8	1000008	50	F	General	Caries	Restoration	1 week	Dr. P.R.P.
9	1000009	65	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
10	1000010	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL DEPARTMENT OF OUTPATIENT		COLLEGE & HOSPITAL DEPARTMENT OF SERVICE CLINIC REGISTER						
No.	Pt. No.	Age	Sex	Referral Source	Diagnosis	Treatment	Follow up	Dr.
1	1000011	40	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
2	1000012	50	F	General	Caries	Restoration	1 week	Dr. P.R.P.
3	1000013	60	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
4	1000014	30	F	General	Caries	Restoration	1 week	Dr. P.R.P.
5	1000015	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
6	1000016	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.
7	1000017	65	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
8	1000018	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.
9	1000019	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
10	1000020	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.

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No.	Pt. No.	Age	Sex	Referral Source	Diagnosis	Treatment	Follow up	Dr.
1	1000021	40	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
2	1000022	50	F	General	Caries	Restoration	1 week	Dr. P.R.P.
3	1000023	60	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
4	1000024	30	F	General	Caries	Restoration	1 week	Dr. P.R.P.
5	1000025	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
6	1000026	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.
7	1000027	65	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
8	1000028	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.
9	1000029	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
10	1000030	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.

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No.	Pt. No.	Age	Sex	Referral Source	Diagnosis	Treatment	Follow up	Dr.
1	1000031	40	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
2	1000032	50	F	General	Caries	Restoration	1 week	Dr. P.R.P.
3	1000033	60	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
4	1000034	30	F	General	Caries	Restoration	1 week	Dr. P.R.P.
5	1000035	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
6	1000036	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.
7	1000037	65	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
8	1000038	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.
9	1000039	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
10	1000040	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL DEPARTMENT OF OUTPATIENT		COLLEGE & HOSPITAL DEPARTMENT OF SERVICE CLINIC REGISTER						
No.	Pt. No.	Age	Sex	Referral Source	Diagnosis	Treatment	Follow up	Dr.
1	1000041	40	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
2	1000042	50	F	General	Caries	Restoration	1 week	Dr. P.R.P.
3	1000043	60	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
4	1000044	30	F	General	Caries	Restoration	1 week	Dr. P.R.P.
5	1000045	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
6	1000046	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.
7	1000047	65	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
8	1000048	35	F	General	Caries	Restoration	1 week	Dr. P.R.P.
9	1000049	45	M	General	Periodontitis	Scaling & Root Planing	1 week	Dr. P.R.P.
10	1000050	55	F	General	Caries	Restoration	1 week	Dr. P.R.P.



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No.	Date	Age	Sex	Referral	Diagnosis
1	20/11/20	35	M	...	...
2	20/11/20	45	F	...	...
3	20/11/20	25	M	...	...
4	20/11/20	30	F	...	...
5	20/11/20	40	M	...	...
6	20/11/20	38	F	...	...
7	20/11/20	28	M	...	...
8	20/11/20	32	F	...	...
9	20/11/20	42	M	...	...
10	20/11/20	36	F	...	...

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No.	Date	Age	Sex	Referral	Diagnosis
1	20/11/20	35	M	...	...
2	20/11/20	45	F	...	...
3	20/11/20	25	M	...	...
4	20/11/20	30	F	...	...
5	20/11/20	40	M	...	...
6	20/11/20	38	F	...	...
7	20/11/20	28	M	...	...
8	20/11/20	32	F	...	...
9	20/11/20	42	M	...	...
10	20/11/20	36	F	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUTPATIENT		SERVICE CLINIC REGISTER	
No.	Date	Age	Sex	Referral	Diagnosis
1	20/11/20	35	M	...	...
2	20/11/20	45	F	...	...
3	20/11/20	25	M	...	...
4	20/11/20	30	F	...	...
5	20/11/20	40	M	...	...
6	20/11/20	38	F	...	...
7	20/11/20	28	M	...	...
8	20/11/20	32	F	...	...
9	20/11/20	42	M	...	...
10	20/11/20	36	F	...	...



M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUTPATIENT		SERVICE CLINIC REGISTER	
No.	Date	Age	Sex	Referral	Diagnosis
1	20/11/20	35	M	...	...
2	20/11/20	45	F	...	...
3	20/11/20	25	M	...	...
4	20/11/20	30	F	...	...
5	20/11/20	40	M	...	...
6	20/11/20	38	F	...	...
7	20/11/20	28	M	...	...
8	20/11/20	32	F	...	...
9	20/11/20	42	M	...	...
10	20/11/20	36	F	...	...

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No.	Name	Age	Sex	Address	Referral
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
No.	Name	Age	Sex	Address	Referral
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No.	Name	Age	Sex	Address	Referral
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No.	Name	Age	Sex	Address	Referral
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No.	Name	Age	Sex
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DEPARTMENT OF ORTHODONTICS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
No.	Name	Age	Sex
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
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11	...	...	...
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13	...	...	...
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16	...	...	...
17	...	...	...
18	...	...	...
19	...	...	...
20	...	...	...

DEPARTMENT OF ORTHODONTICS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
No.	Name	Age	Sex
1	...	...	...
2	...	...	...
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4	...	...	...
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13	...	...	...
14	...	...	...
15	...	...	...
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17	...	...	...
18	...	...	...
19	...	...	...
20	...	...	...

DEPARTMENT OF ORTHODONTICS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
No.	Name	Age	Sex
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
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6	...	...	...
7	...	...	...
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18	...	...	...
19	...	...	...
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DEPARTMENT OF ORTHODONTICS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
No.	Name	Age	Sex
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...
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12	...	...	...
13	...	...	...
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19	...	...	...
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DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL	
DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
1	...	...	...
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9	...	...	...
10	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL	
DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
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3	...	...	...
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL	
DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
1	...	...	...
2	...	...	...
3	...	...	...
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		COLLEGE & HOSPITAL	
DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
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DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER	
Sl. No.	Patient Name	Age	Sex
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No.	Name	Age	Sex	Address	Referral
1	...	...	...	...	...
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No.	Name	Age	Sex	Address	Referral
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No.	Name	Age	Sex	Address	Referral
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14	...	...	...	...	...
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17	...	...	...	...	...
18	...	...	...	...	...
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No.	Name	Age	Sex	Address	Referral
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5	...	...	...	...	...
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7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
10	...	...	...	...	...
11	...	...	...	...	...
12	...	...	...	...	...
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14	...	...	...	...	...
15	...	...	...	...	...
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19	...	...	...	...	...
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Sl. No.	DATE	NAME	AGE	RESIDENCE	CLINICAL HISTORY
1	15/11/20	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
10	...	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENTS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
Sl. No.	DATE	NAME	AGE	RESIDENCE	CLINICAL HISTORY
1	15/11/20	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
10	...	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENTS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
Sl. No.	DATE	NAME	AGE	RESIDENCE	CLINICAL HISTORY
1	15/11/20	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENTS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
Sl. No.	DATE	NAME	AGE	RESIDENCE	CLINICAL HISTORY
1	15/11/20	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
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M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF OUT PATIENTS		COLLEGE & HOSPITAL SERVICE CLINIC REGISTER	
Sl. No.	DATE	NAME	AGE	RESIDENCE	CLINICAL HISTORY
1	15/11/20	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
10	...	...	...	...	...



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Sl. No.	Pt. No.	Age	Sex	Referral Source	Referral Date	Referral Doctor	Referral Hospital
1	100001	25	M	...	...	...	...
2	100002	22	F	...	...	...	...
3	100003	28	M	...	...	...	...
4	100004	20	F	...	...	...	...
5	100005	30	M	...	...	...	...
6	100006	24	F	...	...	...	...
7	100007	26	M	...	...	...	...
8	100008	21	F	...	...	...	...
9	100009	29	M	...	...	...	...
10	100010	23	F	...	...	...	...

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Sl. No.	Pt. No.	Age	Sex	Referral Source	Referral Date	Referral Doctor	Referral Hospital
1	100011	27	M	...	...	...	...
2	100012	25	F	...	...	...	...
3	100013	22	M	...	...	...	...
4	100014	28	F	...	...	...	...
5	100015	24	M	...	...	...	...
6	100016	26	F	...	...	...	...
7	100017	21	M	...	...	...	...
8	100018	29	F	...	...	...	...
9	100019	23	M	...	...	...	...
10	100020	27	F	...	...	...	...

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Sl. No.	Pt. No.	Age	Sex	Referral Source	Referral Date	Referral Doctor	Referral Hospital
1	100021	25	M	...	...	...	...
2	100022	22	F	...	...	...	...
3	100023	28	M	...	...	...	...
4	100024	20	F	...	...	...	...
5	100025	30	M	...	...	...	...
6	100026	24	F	...	...	...	...
7	100027	26	M	...	...	...	...
8	100028	21	F	...	...	...	...
9	100029	29	M	...	...	...	...
10	100030	23	F	...	...	...	...

M.R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPARTMENT OF ORTHODONTICS		COLLEGE & HOSPITAL		SERVICE CLINIC REGISTER	
Sl. No.	Pt. No.	Age	Sex	Referral Source	Referral Date	Referral Doctor	Referral Hospital
1	100031	27	M	...	...	...	...
2	100032	25	F	...	...	...	...
3	100033	22	M	...	...	...	...
4	100034	28	F	...	...	...	...
5	100035	24	M	...	...	...	...
6	100036	26	F	...	...	...	...
7	100037	21	M	...	...	...	...
8	100038	29	F	...	...	...	...
9	100039	23	M	...	...	...	...
10	100040	27	F	...	...	...	...



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Sl. No.	Pt. No.	Age	Sex	Referral Source	Referral Date	Referral Doctor	Referral Hospital
1	100041	25	M	...	...	...	...
2	100042	22	F	...	...	...	...
3	100043	28	M	...	...	...	...
4	100044	20	F	...	...	...	...
5	100045	30	M	...	...	...	...
6	100046	24	F	...	...	...	...
7	100047	26	M	...	...	...	...
8	100048	21	F	...	...	...	...
9	100049	29	M	...	...	...	...
10	100050	23	F	...	...	...	...

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Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis
1	1001	35	M	...	...
2	1002	45	F	...	...
3	1003	25	M	...	...
4	1004	30	F	...	...
5	1005	40	M	...	...
6	1006	38	F	...	...
7	1007	28	M	...	...
8	1008	32	F	...	...
9	1009	42	M	...	...
10	1010	36	F	...	...

DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		COLLEGE & HOSPITAL	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis
1	1011	33	M	...	...
2	1012	41	F	...	...
3	1013	29	M	...	...
4	1014	37	F	...	...
5	1015	43	M	...	...
6	1016	31	F	...	...
7	1017	39	M	...	...
8	1018	27	F	...	...
9	1019	44	M	...	...
10	1020	34	F	...	...

DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		COLLEGE & HOSPITAL	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis
1	1021	36	M	...	...
2	1022	46	F	...	...
3	1023	26	M	...	...
4	1024	34	F	...	...
5	1025	48	M	...	...
6	1026	32	F	...	...
7	1027	40	M	...	...
8	1028	28	F	...	...
9	1029	45	M	...	...
10	1030	35	F	...	...

DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		COLLEGE & HOSPITAL	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis
1	1031	37	M	...	...
2	1032	47	F	...	...
3	1033	27	M	...	...
4	1034	35	F	...	...
5	1035	49	M	...	...
6	1036	33	F	...	...
7	1037	41	M	...	...
8	1038	29	F	...	...
9	1039	46	M	...	...
10	1040	36	F	...	...

DEPARTMENT OF OUT PATIENT		SERVICE CLINIC REGISTER		COLLEGE & HOSPITAL	
Sl. No.	Pt. No.	Age	Sex	Referral	Diagnosis
1	1041	38	M	...	...
2	1042	48	F	...	...
3	1043	28	M	...	...
4	1044	36	F	...	...
5	1045	50	M	...	...
6	1046	34	F	...	...
7	1047	42	M	...	...
8	1048	30	F	...	...
9	1049	47	M	...	...
10	1050	37	F	...	...



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DEPARTMENT OF OUT PATIENT				SERVICE CLINIC REGISTER			
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## IMPLANT CLINIC

Patient Name	Age	Sex	Referral	Diagnosis	Procedure	Material	Cost
...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...
<p>Implant cost - 25,000/-            Abutment - 10,000/-            Allis - 3,000/-            Total cost - 38,000/-</p>							

Patient Name	Age	Sex	Referral	Diagnosis	Procedure	Material	Cost
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Patient Name	Age	Sex	Referral	Diagnosis	Procedure	Material	Cost
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Patient Name	Age	Sex	Referral	Diagnosis	Procedure	Material	Cost
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Sl. No.	Patient Name	Age	Sex	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Patient Name	Age	Sex	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Patient Name	Age	Sex	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	Examination	Diagnosis	Treatment	Remarks
1	1001	35	M	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed
2	1002	45	F	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	Examination	Diagnosis	Treatment	Remarks
3	1003	25	M	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed
4	1004	30	F	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	Examination	Diagnosis	Treatment	Remarks
5	1005	40	M	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed
6	1006	35	F	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	Examination	Diagnosis	Treatment	Remarks
7	1007	28	M	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed
8	1008	32	F	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed



Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	Examination	Diagnosis	Treatment	Remarks
9	1009	38	M	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed
10	1010	42	F	General	Swelling of lower lip	Swelling of lower lip, painless, fluctuant	Cystic degeneration of mucoepithelioma	Incision & drainage, antibiotics	Healed

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Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	History	Examination	Diagnosis	Treatment	Prognosis	Remarks
101	101/2019	35	M	General Dentist	Swelling of lower lip	Swelling of lower lip since 10 days, painless, non-tender, fluctuant swelling.	Swelling of lower lip, fluctuant, non-tender, painless.	Acute suppurative infection of lower lip.	Incision & drainage, antibiotics.	Healed.	

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	History	Examination	Diagnosis	Treatment	Prognosis	Remarks
102	102/2019	45	F	General Dentist	Swelling of lower lip	Swelling of lower lip since 15 days, painless, non-tender, fluctuant swelling.	Swelling of lower lip, fluctuant, non-tender, painless.	Acute suppurative infection of lower lip.	Incision & drainage, antibiotics.	Healed.	

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	History	Examination	Diagnosis	Treatment	Prognosis	Remarks
103	103/2019	30	M	General Dentist	Swelling of lower lip	Swelling of lower lip since 12 days, painless, non-tender, fluctuant swelling.	Swelling of lower lip, fluctuant, non-tender, painless.	Acute suppurative infection of lower lip.	Incision & drainage, antibiotics.	Healed.	

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	History	Examination	Diagnosis	Treatment	Prognosis	Remarks
104	104/2019	40	F	General Dentist	Swelling of lower lip	Swelling of lower lip since 18 days, painless, non-tender, fluctuant swelling.	Swelling of lower lip, fluctuant, non-tender, painless.	Acute suppurative infection of lower lip.	Incision & drainage, antibiotics.	Healed.	

Sl. No.	Case No.	Age	Sex	Referral	Chief Complaint	History	Examination	Diagnosis	Treatment	Prognosis	Remarks
105	105/2019	38	M	General Dentist	Swelling of lower lip	Swelling of lower lip since 14 days, painless, non-tender, fluctuant swelling.	Swelling of lower lip, fluctuant, non-tender, painless.	Acute suppurative infection of lower lip.	Incision & drainage, antibiotics.	Healed.	



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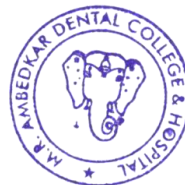
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Handwritten dental chart with patient details and clinical notes.

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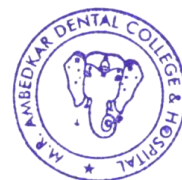
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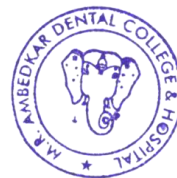
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1511	1512	1513	1514	1515	1516	1517	1518	1519	1520
1521	1522	1523	1524	1525	1526	1527	1528	1529	1530
1531	1532	1533	1534	1535	1536	1537	1538	1539	1540
1541	1542	1543	1544	1545	1546	1547	1548	1549	1550
1551	1552	1553	1554	1555	1556	1557	1558	1559	1560
1561	1562	1563	1564	1565	1566	1567	1568	1569	1570
1571	1572	1573	1574	1575	1576	1577	1578	1579	1580
1581	1582	1583	1584	1585	1586	1587	1588	1589	1590
1591	1592	1593	1594	1595	1596	1597	1598	1599	1600



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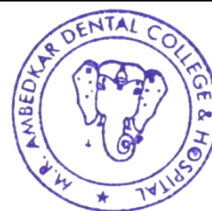
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A handwritten dental chart on a grid background. It contains patient details such as name, age, sex, and clinical notes regarding dental procedures and treatments.

A handwritten dental chart on a grid background, similar to the first one, with patient information and clinical notes.

A handwritten dental chart on a grid background, containing patient information and clinical notes.

A handwritten dental chart on a grid background, containing patient information and clinical notes.

A handwritten dental chart on a grid background, containing patient information and clinical notes.

A handwritten dental chart on a grid background, containing patient information and clinical notes.



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## SPECIAL HEALTH CARE NEEDS CLINIC

Sl. No.	Name	Age	Sex	Referral	Diagnosis	Plan	Remarks
1	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...
11	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...
17	...	...	...	...	...	...	...
18	...	...	...	...	...	...	...
19	...	...	...	...	...	...	...
20	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Referral	Diagnosis	Plan	Remarks
21	...	...	...	...	...	...	...
22	...	...	...	...	...	...	...
23	...	...	...	...	...	...	...
24	...	...	...	...	...	...	...
25	...	...	...	...	...	...	...
26	...	...	...	...	...	...	...
27	...	...	...	...	...	...	...
28	...	...	...	...	...	...	...
29	...	...	...	...	...	...	...
30	...	...	...	...	...	...	...
31	...	...	...	...	...	...	...
32	...	...	...	...	...	...	...
33	...	...	...	...	...	...	...
34	...	...	...	...	...	...	...
35	...	...	...	...	...	...	...
36	...	...	...	...	...	...	...
37	...	...	...	...	...	...	...
38	...	...	...	...	...	...	...
39	...	...	...	...	...	...	...
40	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Referral	Diagnosis	Plan	Remarks
41	...	...	...	...	...	...	...
42	...	...	...	...	...	...	...
43	...	...	...	...	...	...	...
44	...	...	...	...	...	...	...
45	...	...	...	...	...	...	...
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47	...	...	...	...	...	...	...
48	...	...	...	...	...	...	...
49	...	...	...	...	...	...	...
50	...	...	...	...	...	...	...
51	...	...	...	...	...	...	...
52	...	...	...	...	...	...	...
53	...	...	...	...	...	...	...
54	...	...	...	...	...	...	...
55	...	...	...	...	...	...	...
56	...	...	...	...	...	...	...
57	...	...	...	...	...	...	...
58	...	...	...	...	...	...	...
59	...	...	...	...	...	...	...
60	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Referral	Diagnosis	Plan	Remarks
61	...	...	...	...	...	...	...
62	...	...	...	...	...	...	...
63	...	...	...	...	...	...	...
64	...	...	...	...	...	...	...
65	...	...	...	...	...	...	...
66	...	...	...	...	...	...	...
67	...	...	...	...	...	...	...
68	...	...	...	...	...	...	...
69	...	...	...	...	...	...	...
70	...	...	...	...	...	...	...
71	...	...	...	...	...	...	...
72	...	...	...	...	...	...	...
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74	...	...	...	...	...	...	...
75	...	...	...	...	...	...	...
76	...	...	...	...	...	...	...
77	...	...	...	...	...	...	...
78	...	...	...	...	...	...	...
79	...	...	...	...	...	...	...
80	...	...	...	...	...	...	...



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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis
1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis
11	...	...	...	...	...	...
12	...	...	...	...	...	...
13	...	...	...	...	...	...
14	...	...	...	...	...	...
15	...	...	...	...	...	...
16	...	...	...	...	...	...
17	...	...	...	...	...	...
18	...	...	...	...	...	...
19	...	...	...	...	...	...
20	...	...	...	...	...	...



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## TOBACCO CESSATION CLINIC

Sl. No.	Name	Age	Gender	Address	Occupation	Smoking Status	Duration	Referral	Remarks
1	...	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Gender	Address	Occupation	Smoking Status	Duration	Referral	Remarks
11	...	...	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...	...	...
17	...	...	...	...	...	...	...	...	...
18	...	...	...	...	...	...	...	...	...
19	...	...	...	...	...	...	...	...	...
20	...	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Gender	Address	Occupation	Smoking Status	Duration	Referral	Remarks
21	...	...	...	...	...	...	...	...	...
22	...	...	...	...	...	...	...	...	...
23	...	...	...	...	...	...	...	...	...
24	...	...	...	...	...	...	...	...	...
25	...	...	...	...	...	...	...	...	...
26	...	...	...	...	...	...	...	...	...
27	...	...	...	...	...	...	...	...	...
28	...	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Gender	Address	Occupation	Smoking Status	Duration	Referral	Remarks
29	...	...	...	...	...	...	...	...	...
30	...	...	...	...	...	...	...	...	...
31	...	...	...	...	...	...	...	...	...
32	...	...	...	...	...	...	...	...	...
33	...	...	...	...	...	...	...	...	...
34	...	...	...	...	...	...	...	...	...
35	...	...	...	...	...	...	...	...	...
36	...	...	...	...	...	...	...	...	...
37	...	...	...	...	...	...	...	...	...
38	...	...	...	...	...	...	...	...	...
39	...	...	...	...	...	...	...	...	...
40	...	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Gender	Address	Occupation	Smoking Status	Duration	Referral	Remarks
41	...	...	...	...	...	...	...	...	...
42	...	...	...	...	...	...	...	...	...
43	...	...	...	...	...	...	...	...	...
44	...	...	...	...	...	...	...	...	...
45	...	...	...	...	...	...	...	...	...
46	...	...	...	...	...	...	...	...	...
47	...	...	...	...	...	...	...	...	...
48	...	...	...	...	...	...	...	...	...
49	...	...	...	...	...	...	...	...	...
50	...	...	...	...	...	...	...	...	...



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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
11	...	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...	...
17	...	...	...	...	...	...	...	...
18	...	...	...	...	...	...	...	...
19	...	...	...	...	...	...	...	...
20	...	...	...	...	...	...	...	...
21	...	...	...	...	...	...	...	...
22	...	...	...	...	...	...	...	...
23	...	...	...	...	...	...	...	...
24	...	...	...	...	...	...	...	...
25	...	...	...	...	...	...	...	...
26	...	...	...	...	...	...	...	...
27	...	...	...	...	...	...	...	...
28	...	...	...	...	...	...	...	...
29	...	...	...	...	...	...	...	...
30	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
31	...	...	...	...	...	...	...	...
32	...	...	...	...	...	...	...	...
33	...	...	...	...	...	...	...	...
34	...	...	...	...	...	...	...	...
35	...	...	...	...	...	...	...	...
36	...	...	...	...	...	...	...	...
37	...	...	...	...	...	...	...	...
38	...	...	...	...	...	...	...	...
39	...	...	...	...	...	...	...	...
40	...	...	...	...	...	...	...	...
41	...	...	...	...	...	...	...	...
42	...	...	...	...	...	...	...	...
43	...	...	...	...	...	...	...	...
44	...	...	...	...	...	...	...	...
45	...	...	...	...	...	...	...	...
46	...	...	...	...	...	...	...	...
47	...	...	...	...	...	...	...	...
48	...	...	...	...	...	...	...	...
49	...	...	...	...	...	...	...	...
50	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
51	...	...	...	...	...	...	...	...
52	...	...	...	...	...	...	...	...
53	...	...	...	...	...	...	...	...
54	...	...	...	...	...	...	...	...
55	...	...	...	...	...	...	...	...
56	...	...	...	...	...	...	...	...
57	...	...	...	...	...	...	...	...
58	...	...	...	...	...	...	...	...
59	...	...	...	...	...	...	...	...
60	...	...	...	...	...	...	...	...
61	...	...	...	...	...	...	...	...
62	...	...	...	...	...	...	...	...
63	...	...	...	...	...	...	...	...
64	...	...	...	...	...	...	...	...
65	...	...	...	...	...	...	...	...
66	...	...	...	...	...	...	...	...
67	...	...	...	...	...	...	...	...
68	...	...	...	...	...	...	...	...
69	...	...	...	...	...	...	...	...
70	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
71	...	...	...	...	...	...	...	...
72	...	...	...	...	...	...	...	...
73	...	...	...	...	...	...	...	...
74	...	...	...	...	...	...	...	...
75	...	...	...	...	...	...	...	...
76	...	...	...	...	...	...	...	...
77	...	...	...	...	...	...	...	...
78	...	...	...	...	...	...	...	...
79	...	...	...	...	...	...	...	...
80	...	...	...	...	...	...	...	...
81	...	...	...	...	...	...	...	...
82	...	...	...	...	...	...	...	...
83	...	...	...	...	...	...	...	...
84	...	...	...	...	...	...	...	...
85	...	...	...	...	...	...	...	...
86	...	...	...	...	...	...	...	...
87	...	...	...	...	...	...	...	...
88	...	...	...	...	...	...	...	...
89	...	...	...	...	...	...	...	...
90	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
91	...	...	...	...	...	...	...	...
92	...	...	...	...	...	...	...	...
93	...	...	...	...	...	...	...	...
94	...	...	...	...	...	...	...	...
95	...	...	...	...	...	...	...	...
96	...	...	...	...	...	...	...	...
97	...	...	...	...	...	...	...	...
98	...	...	...	...	...	...	...	...
99	...	...	...	...	...	...	...	...
100	...	...	...	...	...	...	...	...
101	...	...	...	...	...	...	...	...
102	...	...	...	...	...	...	...	...
103	...	...	...	...	...	...	...	...
104	...	...	...	...	...	...	...	...
105	...	...	...	...	...	...	...	...
106	...	...	...	...	...	...	...	...
107	...	...	...	...	...	...	...	...
108	...	...	...	...	...	...	...	...
109	...	...	...	...	...	...	...	...
110	...	...	...	...	...	...	...	...



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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
1	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
1	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
1	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
1	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...
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6	...	...	...	...	...	...	...	...
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9	...	...	...	...	...	...	...	...
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
1	...	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...	...

Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Fee
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3	...	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...
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9	...	...	...	...	...	...	...	...
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4	...	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...	...
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment	Remarks
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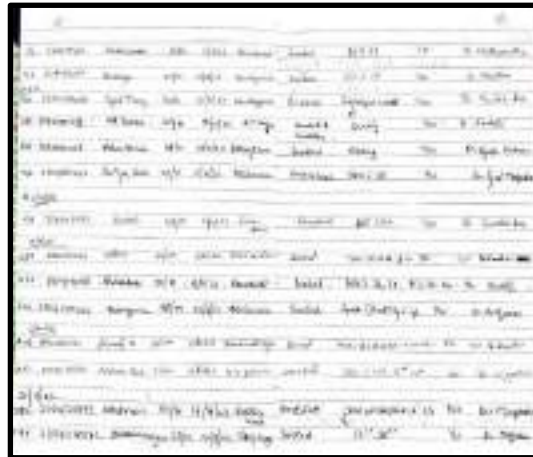
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment
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Sl. No.	Name	Age	Sex	Address	Referral	Diagnosis	Treatment
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Sl. No.	Name of the Candidate	Roll No.	Grade	Percentage
1	ABHINAV K S	101	B	75.00
2	ADARSH K S	102	B	75.00
3	ADARSH K S	103	B	75.00
4	ADARSH K S	104	B	75.00
5	ADARSH K S	105	B	75.00
6	ADARSH K S	106	B	75.00
7	ADARSH K S	107	B	75.00
8	ADARSH K S	108	B	75.00
9	ADARSH K S	109	B	75.00
10	ADARSH K S	110	B	75.00

Sl. No.	Name of the Candidate	Roll No.	Grade	Percentage
11	ADARSH K S	111	B	75.00
12	ADARSH K S	112	B	75.00
13	ADARSH K S	113	B	75.00
14	ADARSH K S	114	B	75.00
15	ADARSH K S	115	B	75.00
16	ADARSH K S	116	B	75.00
17	ADARSH K S	117	B	75.00
18	ADARSH K S	118	B	75.00
19	ADARSH K S	119	B	75.00
20	ADARSH K S	120	B	75.00

Sl. No.	Name of the Candidate	Roll No.	Grade	Percentage
21	ADARSH K S	121	B	75.00
22	ADARSH K S	122	B	75.00
23	ADARSH K S	123	B	75.00
24	ADARSH K S	124	B	75.00
25	ADARSH K S	125	B	75.00
26	ADARSH K S	126	B	75.00
27	ADARSH K S	127	B	75.00
28	ADARSH K S	128	B	75.00
29	ADARSH K S	129	B	75.00
30	ADARSH K S	130	B	75.00



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OPD REGISTER		OPD REGISTER		OPD REGISTER	
1	21/01/2020	21/01/2020	21/01/2020	21/01/2020	21/01/2020
2	22/01/2020	22/01/2020	22/01/2020	22/01/2020	22/01/2020
3	23/01/2020	23/01/2020	23/01/2020	23/01/2020	23/01/2020
4	24/01/2020	24/01/2020	24/01/2020	24/01/2020	24/01/2020
5	25/01/2020	25/01/2020	25/01/2020	25/01/2020	25/01/2020
6	26/01/2020	26/01/2020	26/01/2020	26/01/2020	26/01/2020
7	27/01/2020	27/01/2020	27/01/2020	27/01/2020	27/01/2020
8	28/01/2020	28/01/2020	28/01/2020	28/01/2020	28/01/2020
9	29/01/2020	29/01/2020	29/01/2020	29/01/2020	29/01/2020
10	30/01/2020	30/01/2020	30/01/2020	30/01/2020	30/01/2020

M. R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPT. OF ORTHODONTICS		COLLEGE IN HOSPITAL	
OPD REGISTER		OPD REGISTER		OPD REGISTER	
1	21/01/2020	21/01/2020	21/01/2020	21/01/2020	21/01/2020
2	22/01/2020	22/01/2020	22/01/2020	22/01/2020	22/01/2020
3	23/01/2020	23/01/2020	23/01/2020	23/01/2020	23/01/2020
4	24/01/2020	24/01/2020	24/01/2020	24/01/2020	24/01/2020
5	25/01/2020	25/01/2020	25/01/2020	25/01/2020	25/01/2020
6	26/01/2020	26/01/2020	26/01/2020	26/01/2020	26/01/2020
7	27/01/2020	27/01/2020	27/01/2020	27/01/2020	27/01/2020
8	28/01/2020	28/01/2020	28/01/2020	28/01/2020	28/01/2020
9	29/01/2020	29/01/2020	29/01/2020	29/01/2020	29/01/2020
10	30/01/2020	30/01/2020	30/01/2020	30/01/2020	30/01/2020

M. R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPT. OF ORTHODONTICS		COLLEGE IN HOSPITAL	
OPD REGISTER		OPD REGISTER		OPD REGISTER	
1	21/01/2020	21/01/2020	21/01/2020	21/01/2020	21/01/2020
2	22/01/2020	22/01/2020	22/01/2020	22/01/2020	22/01/2020
3	23/01/2020	23/01/2020	23/01/2020	23/01/2020	23/01/2020
4	24/01/2020	24/01/2020	24/01/2020	24/01/2020	24/01/2020
5	25/01/2020	25/01/2020	25/01/2020	25/01/2020	25/01/2020
6	26/01/2020	26/01/2020	26/01/2020	26/01/2020	26/01/2020
7	27/01/2020	27/01/2020	27/01/2020	27/01/2020	27/01/2020
8	28/01/2020	28/01/2020	28/01/2020	28/01/2020	28/01/2020
9	29/01/2020	29/01/2020	29/01/2020	29/01/2020	29/01/2020
10	30/01/2020	30/01/2020	30/01/2020	30/01/2020	30/01/2020

M. R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPT. OF ORTHODONTICS		COLLEGE IN HOSPITAL	
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M. R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPT. OF ORTHODONTICS		COLLEGE IN HOSPITAL	
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3	23/01/2020	23/01/2020	23/01/2020	23/01/2020	23/01/2020
4	24/01/2020	24/01/2020	24/01/2020	24/01/2020	24/01/2020
5	25/01/2020	25/01/2020	25/01/2020	25/01/2020	25/01/2020
6	26/01/2020	26/01/2020	26/01/2020	26/01/2020	26/01/2020
7	27/01/2020	27/01/2020	27/01/2020	27/01/2020	27/01/2020
8	28/01/2020	28/01/2020	28/01/2020	28/01/2020	28/01/2020
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10	30/01/2020	30/01/2020	30/01/2020	30/01/2020	30/01/2020



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Sl. No.	Name	Age	Sex	Address	Remarks
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M. R. AMBEDKAR DENTAL COLLEGE & HOSPITAL		DEPT. OF CONSERVATION OF TEETH		COLLEGE OF DENTISTRY	
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Sl. No.	Name	Age	Sex	Address	Remarks
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