



Patient Name :

Age / Sex :

OP No. :

ADC			
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DR.AMREEN FATIMA, B.D.S

Reg. No. : 24784
Dental Surgeon

No 93, Triplicane High Road, Chennai -600 005
Mobile No : 98840 88709 / 2851 4741

Timing : Mon-Sat 9.30 a.m-1.00 p.m. & 6.00 p.m-9 p.m.
Sunday - On Appointment

Cell : 9884088709

2851 4741



DR.AMREEN'S DENTAL CARE

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Date :

Rx



No 93, Triplicane High Road, Chennai -600 005

E-mail : dramreendc@gmail.com



DR.AMREEN'S DENTAL CARE

No 93, Triplicane High Road,
Chennai -600 005

ADC				
Date:				

CASE RECORD

Name : Age/Sex :

Address :

.....

Mobile : Tel :

E-mail :

Occupation : Marital Status :

MEDICAL HISTORY

1. Heart Disease Yes / No

5. Pregnancy Yes / No

2. Kidney Disease Yes / No

6. Diabetes Yes / No

3. Lung Disease Yes / No

7. Allergy Yes / No

4. Stomach Disease Yes / No

8. Others Yes / No

[illegible]

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SPECIALITIES

ROOT CANAL TREATMENT

IMPLANTS

TEETH CLEANING & POLISHING

ESTHETIC DENTISTRY

GERIATRIC DENTISTRY

INVISALIGN ALIGNERS

PEDIATRIC DENTISTRY
(Child Care)

TEETH REPLACEMENT
(Fixed & Removal)

ORTHODONTIC TREATMENT
(Braces & Smile Correction)

No 93, Triplicane High Road, Chennai -600 005

E-mail : dramreendc@gmail.com

Name :

Age/Sex : Date :

IOPA



X - Ray Film Do Not Fold

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RECEIPT

No.

Date :.....

Received with thanks from

sum of Rupees

by Cash/Cheque/DD No *dated* *towards*.....

.....

Rs.

Signature