

RajaRajeswari Dental College & Hospital

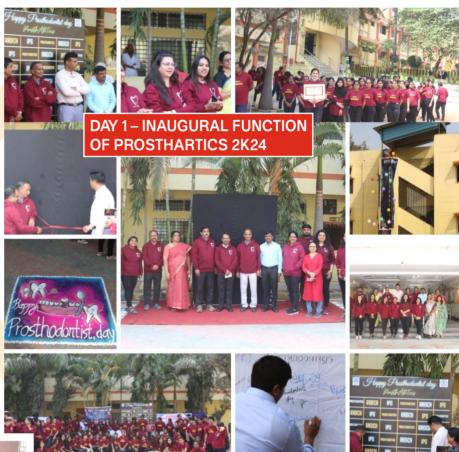




DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

PROSTHODONTIST'S DAY CELEBRATIONS - ProsthARTics 2k24

Every year, Prosthodontist's day is observed on 22nd January, to create awareness and commemorate the contribution of the fraternity of prosthodontics in day-to-day life. This year, we from the Department of Prosthodontics and crown and bridge, Rajarajeswari Dental College and Hospital in association with IPS Bengaluru branch, conducted a week-long inter-college summit - ProsthARTics 2k24, starting from 16th January to 23rd January, under the able guidance of our Head of the Department, Dr. Shwetha Poovani, with timely execution of work by the faculty and enthusiastic postgraduates of our department, in successfully organizing the grand inter-college event.





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DAY 1 – ACRY-ART, PRO-CARVE, PRO-ART, PRO-CARTOON CHRONICLES





DAY 2 – SHILLINGBURG'S TOOTH, BYTE-BY-BYTE, HANAU'S BYTE, INK YOUR MAXILLA





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DAY 2 - SHILLINGBURG'S TOOTH, BYTE-BY-BYTE, HANAU'S BYTE, INK YOUR MAXILLA

HANAU'S BYTE

























DAY 3 - PRO-MIND BENDERS































DAY 4 - PRO-STER



DAY 5 - EVENTS FOR NON-TEACHING



ARM-WRESTLING

DAY 5 -EVENTS FOR NON-TEACHING













DAY 5 - VALEDICTORY CEREMONY OF PROSTHARTICS AND PROSTHODONTIST'S DAY CELEBRATIONS



























DAY 5 – PRO-PEDIA





DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CELEBRATION OF YUVA SAPTHAHA 2024

EVENT ORGANISED:

- 1. Organised health awareness camp
- 2. Creating awareness on importance of diet on oral health, sensitisation on dental and skeletal fluorosis, oral cancer awareness camp.

Date: 16th to 18th Jan 2024

Objective of the event: The NSS unit in association with Department of Public Health Dentistry of Rajarajeswari Dental College and Hospital organised the above mentioned events from 16th Jan 2024 to 18th Jan 2024 to commemorate the birth anniversary of Swami Vivekananda, one of the greatest philosophers and spiritual leaders

Number of beneficiaries: 300 general population and students from government schools





BRIEF OUTLINE OF THE EVENT:

- Health awareness camp
- On 16th Jan 2024, oral health screening and awareness camp was organised at Universal Group of Institutions Bangalore. All the students in the school were given awareness talk about importance of oral hygiene and role of diet in maintaining optimal oral health. Proper Brushing technique demonstration was also rendered to the target population.
- On 17th Jan 2024, oral health screening and fluorosis awareness camp was conducted in Sindhaghatta Village of KR Pete taluk. The beneficiaries were screened for dental and skeletal fluorosis and health education was rendered on the importance of fluoride levels in water as well the harmful effects of excess fluoride levels in water. Health education on harmful effects of tobacco and oral cancer screening was also carried out.

Anganawadi workers and ASHA workers were sensitised on the optimal fluoride levels, clinical features and importance of Dental and Skeletal fluorosis for appropriate referrals of the affected individuals to the nearest health centre at the earliest for treatment.

• On 18th Jan 2024, dental screening and awareness camp was conducted in Kavanapura village, Ramanagara taluk. The students and villagers were given talk on benefits of maintaining good oral health and proper brushing technique was demonstrated to the government school students in the village.



CASE OF THE MONTH

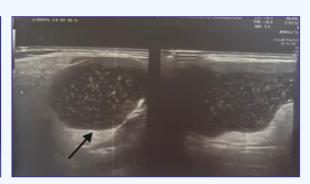


DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

SIMPLE RETENTION CYST INVOLVING LEFT PAROTID GLAND







A female patient reported to the department with the complaint of occasional swelling on her left side of face below the ear since two years. Swelling increases in size when pain over left back tooth region increases and reduces gradually as the pain decreases. On extraoral examination, a diffuse solitary swelling present below left ear measuring about 3x3cm. On palpation, swelling is soft in consistency, fluctuant, with localised raise in temperature present. On hard tissue examination, there is missing tooth i.r.t 36. Based on clinical findings, a provisional diagnosis of benign tumour involving left parotid gland was given. Left masseter muscle hypertrophy was considered as a differential diagnosis. Patient was subjected to orthopantomogram which showed impacted 28, generalised periodontitis and missing 36. Patient was advised to take USG and MRI of left parotid gland. USG report revealed small simple thin walled unilocular cyst with turbid contents in the superficial lobe of the left parotid gland measuring 29 x 24 x 25mm with volume of 11cc. MRI report revealed well defined T2W hypointense cystic intensity lesion of sized 2.6 x 2.2 x 3.6 cm involving superficial and deep lobes of left parotid gland with thin septation. Vasculature noted anterior to lesion. Based on radiographic findings, a diagnosis of simple cyst involving left parotid gland was made.

NECK ULTRASONOGRAPHY REPORT

NAME: DATE: 18/01/2024 AGE / SEX: 57 YRS / F REF BY : DR BHAVISHYA Many thanks for the kind refer

The left parotid gland shows a small simple, thin walled, uni-locular cyst with turbid contents in the superficial lobe, measuring $29 \times 24 \times 25$ mm with volume of 11 cc. No calcific foci/mural nodules/internal echoes/ septations in the locuse.

Both parotid glands are normal in size with normal echo-texture.

No mass in the parotid glands bilaterally.

Both sub-mandibular glands are normal in size and echo-texture.

Carotid-Jugular vascular complex is normal

No significant cervical lymphadenopathy.

IMPRESSION:

SIMPLE RETENTION CYST IN THE SUPERFICIAL LOBE OF LEFT PAROTID GLAND.

IMPRESSION:

- Well defined T2W hyperintense, T1W hypointense cystic intensity lesion of size 2.6 x 2.2 x 3.6 cm (AP X TR X CC) is noted involving superficial and deep lobes of left parotid gland. Thin internal septation noted. Vasculature is noted anterior to the lesion-Features are suggestive of Simple cyst. Suggested FNAC correlation.
- Subcentimetre lymph nodes noted in the neck bilaterally extending from level I to V.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

PROSTHODONTIC REHABILITATION OF COMPLETELY EDENTULOUS PATIENT WITH ZYGOMATIC IMPLANT SUPPORTED PROSTHESIS- HYBRID DENTURE OF MAXILLARY AND ALL-ON-6 IMPLANT SUPPORTED HYBRID DENTURE OF MANDIBULAR ARCH.





Pre- operative photograph





UPPER AND LOWER ARCH SURGICAL IMPLANT PLACEMENT- SITE PREPARATION 12,15,17,23,25,27,33,45,37, 35,43,45,47

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UPPER AND LOWER ARCH SURGICAL IMPLANT PLACEMENT- SITE PREPARATION 12,15,17,23,25,27,33,45,37, 35,43,45,47









JIG TRIAL- SPLITTING JIGS TO VERIFY POSITION





JAW RELATION RECORDED



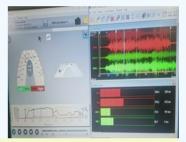




FINAL PROSTHESIS

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY





FINAL DIGITAL OCCLUSAL CALIBRATION DONE

RECURRENT OKC

A 34-year-old male patient reported to Department of Oral and Maxillofacial Surgery of RRDCH with the chief complaint of swelling in the right retromolar region of 6 months' duration. Prior to definitive treatment, needle aspiration and incisional biopsy was performed. The lesion received histo-pathological diagnosis of OKC. The cyst was decompressed and marsupialised followed by extraction of the impacted third molar under local anaesthesia. After 6 months of BIPP packing the cyst was enucleated under local anaesthesia. At 7-month follow-up, radiographic examination showed small radiolucency in the right ramus region thus demonstrating the recurrence of the cyst. Patient was planned for cyst enucleation under general anaesthesia. The intra oral site was closed with 3-0 vicryl. Oral hygiene was maintained using chlorhexidine irrigation. Postoperative medications were advised including antibiotics and analgesics. Sutures were removed after a week. Patient recovered with uneventful healing.



Preoperative photo



Preoperative OPG



Excised specimen



Post-operative OPG

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DEPARTMENT OF PERIODONTOLOGY

VISTA TECHNIQUE FOR MANAGEMENT OF GINGIVAL RECESSION









Figure 3. Subperiosteal tunneling

Background: Esthetics is an integral part of dental practice today. Gingival recession is a common condition and its extent and prevalence increases with age. The problem associated with gingival recession extends beyond esthetics as it can increase the likelihood of tooth sensitivity and caries. Recently, the vestibular incision subperiosteal tunnel access (VISTA) technique has shown promise in the management of recession.

Case Report: A 38-year old male patient reported to the Department of Periodontology with the complaint of sensitivity since 1 year. On intraoral examination, Miller Class I gingival recession on the labial surface of 41 was noted. Following Phase I therapy, the surgical treatment of gingival recession was planned once the patient was able to demonstrate acceptable oral hygiene maintenance. The VISTA approach began with a vestibular access incision in the midline of the mandibular frenum. Subperiosteal tunnel was created using tunneling knife through the vestibular access incision. To mobilize gingival margins and facilitate coronal repositioning, the tunnel was extended at least one or two teeth beyond the teeth requiring root coverage.

In order to achieve a low-tension coronal repositioning of the gingiva, the tunnel was sufficiently elevated beyond the mucogingival junction as well as through the gingival sulci of the teeth being augmented. Subperiosteal tunnel extension was carried out interproximally too below each papilla without making any surface incisions. The hemosponge was placed through the access incision and the mucogingival complex was advanced coronally and stabilized in the new position with coronally advanced sutures. The sutures were tied, and the knots positioned at the mid coronal point of each tooth and stabilized with composite. The vertical incision was sealed with cyanoacrylate. Periodontal dressing was placed to cover the surgical site. Patient was recalled after 3 weeks for suture removal.

Result: Excellent root coverage was observed at the recall visit with the patient reporting no unfavourable post-operative sequelae.

Conclusion: The VISTA technique can be successfully used to achieve predictable root coverage in Millers Class I and Class II recessions.



Figure 4. Placement of hemosponge into the tunnel



Figure 5. Sutures used to coronally advance tissue & closure of incision with cyanoacrylate



Figure 6. Post-operative (Recession - 1mm)



DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

ESTHETIC REHABILITATION OF ELLI'S CLASS IV FRACTURE OF PERMANENT CENTRAL INCISOR IN PEDIATRIC PATIENT-A CASE REPORT

A patient aged 14 years reported to the Department of Paediatric and Preventive Dentistry, RajaRajeswari Dental College and Hospital with a chief complaint of broken tooth in the upper front left tooth region and developed pain since 4 days and concerned with aesthetic appearance. Patient gives a history of self-fall while playing on ground which resulted in the fracture of upper front left central incisor. No abnormality was detected on extra oral examination. Intraoral examination revealed Elli's Class IV fracture in relation to 21, and Angle's class I malocclusion with severe crowding with narrow maxilla and mandibular.

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Preop









FIGURE 4- METAL POST AND CORE

FIGURE 5 - PFM CROWN CEMENTATION

Oral hygiene status was found to be poor. Intraoral periapical radiograph showed break in continuity of lamina dura and presence of periapical radiolucency suggestive of chronic periapical abscess. The case was discussed and root canal therapy followed by permanent restoration was planned in relation to 21. Parent's consent was taken and multi-visit root canal therapy was carried out. To reinforce the crown structure a metal post and core was fabricated followed by porcelain-fused to metal crown.

Patient satisfaction was obtained and patient was referred to orthodontic department for the correction of malocclusion.

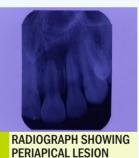
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

SURGICAL MANAGEMENT OF PERIAPICAL LESION

Background: A periapical lesion is a localized area of inflammation or infection around the apex (tip) of a tooth's root. It typically occurs due to microbial invasion from the root canal. Periapical surgery is an endodontic therapy through a surgical flap which focuses on removing a portion of a root with anatomical complexities and undebrided canal when a complete seal cannot be achieved through orthograde nonsurgical approach. It is undertaken to confine microorganisms in the root canal(s) by sealing the root canal apically, eliminate the most apical and more complicated part of the root canal, and remove the periapical lesion for further histological evaluation. The aim is to optimize the conditions so that the periapical tissue can heal, and the attachment apparatus can regenerate. This clinical case describes a lesion in periapical area of the central incisor.

Case Report: A 30 year old patient reported to the department seeking treatment. Medical and Dental histories were not significant. Clinical examination revealed discolouration of 21 and tooth was tender on percussion. Radiographic examination revealed radiolucency in the periapical area of 21. Hence, root canal treatment was done followed by periapical surgery.

Conclusion: Periapical surgery can be safely and reliably employed to treat such cases.







FLAP INCISION FLAP ELEVATION









SUTURING

PRF

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

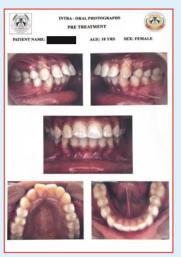
NAME: S****A AGE/SEX: 18/F OP.NO: 2*******4

CHIEF COMPLAINT: Patient c/o spacing and forwardly placed upper and lower front teeth.

PROBLEM LIST: Angles Class II DIVISION 1 malocclusion.

TREATMENT PLAN: Non-extraction line of treatment-MBT fixed appliance therapy









DEPARTMENT OF ORAL IMPLANTOLOGY

A 69 y/o male patient reported to our department for full mouth rehabilitation.

O/E: Completely Edentulous Upper &lower arches.

Treatment plan: Implant supported fixed prosthesis after CBCT evaluation.

After CBCT evaluation and planning,in upper arch, bilateral pterygoid implants were placed in posterior region and 4 endosseous rootform implants in anterior region. All on 6 implants were placed in lower arch. Prosthetic rehabilitation was completed after 3 months.

















DEPARTMENT OF ORAL PATHOLOGY

PERIPHERAL AMELOBLASTOMA

A 60 year old male patient came with chief complaint of swelling in the lower left front tooth region since 3 yrs. He gives history of swelling since 2yrs which was smaller in size and gradually increased in size and bleeds while brushing. Patient gave history tobacco smoking and alcohol consumption since 25 yrs. Patient is diabetic, hypertensive, suffers from gastritis since 2yrs and is on unknown medication.

On intraoral examination, diffuse solitary exophytic soft tissue growth present on lingual aspect of lower canine and premolars measuring about 3X3 cm approximately extending from the interdental gingiva in between 33 and 34 till the floor of mouth antero-posteriorly and mesio-distally from distal aspect of 41 till the distal aspect of 35 surface of the growth appears granular with pink to red in colour with indentation of teeth. On palpation swelling is non tender, firm to hard in consistency, expansion of buccal and lingual cortical plate is present extending from 31 to 35 region, Grade 2 mobility i.r.t 31, 32, 33, 34. Bleeding present on probing. No abnormality detected extra orally. Based on clinical features provisional diagnosis of Pyogenic Granuloma was given. Incisional biopsy was done. Microscopic examination of biopsy revealed peripheral (extraosseous) ameloblastoma. Islands of ameloblastic epithelium in plexiform pattern were seen in the lamina propria beneath the surface mucosa. Interconnected thin lamina like strands or cords of basaloid cells, without peripheral palisading and reverse nuclear polarity were evident. Within these cords are more loosely arranged epithelial cells and the surrounding stroma is stroma is vascular and composed of loose connective tissue. Above features are suggestive of Peripheral Ameloblastoma.



Figure 1: Intra oral photograph showing diffuse solitary exophytic soft tissue growth present on lingual aspect of lower canine and premolars measuring about 3X3 cm.

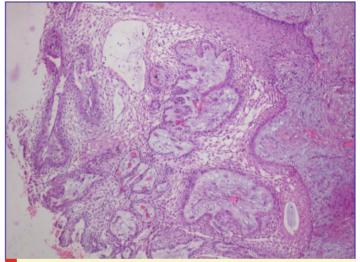


Figure 2: Photomicrograph showing features of Peripheral Ameloblastoma. (H&E 20X)

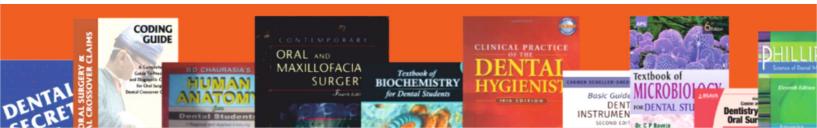


PUBLICATIONS

Sl. No.	TITLE	JOURNAL & ISSUE	AUTHORSHIP
DEP	ARTMENT OF ORAL MEDICINE AND RADIOLOGY		
1.	DICOM- A revolution in facet of maxillofacial imaging	Journal of Clinical and Diagnostic Research 2024,18;1: ZE 16-ZE 19	Dr Samadrita PaulDr Balaji PDr Mahesh Kumar T SDr Poornima C
DEP	ARTMENT OF PERIODONTOLOGY		
1.	OZONE therapy in periodontics-A Review	International journal of Dental science and clinical research Volume 5 Issue 6	• Dr. Krishna Kripal
2.	In vivo efficacy of 2% povidone iodine, chlorhexidine gluconate, and herbal extract mouthwash on SARS-CoV-2 viral load in saliva: A randomized clinical trial	extract mouthwash on SARS-CoV-2 viral load in of Periodontology	
DEP	ARTMENT OF PEDODONTICS AND PREVENTIVE DENTIS	TRY	
1.	Rapid diagnostic method by Sediment Cytology for identification of oral neoplasms by residual cell	International Journal of Current Research Vol 16, Issue 01, pg 26793-26796	• Dr Umapathy T
2.	Assessment of Parental Knowledge, Attitudes and Perceptions towards Conscious Sedation: A Quasi-experimental Study	Journal of Clinical Diagnostic Research Vol 18, Issue 1	• Dr Umapathy T
3.	PH Changes before and after treatment with GC Tooth Mousse Plus on Non-carious and Carious teeth in children – A Clinical Trial	International journal of Science and research	Dr Nagrathna C

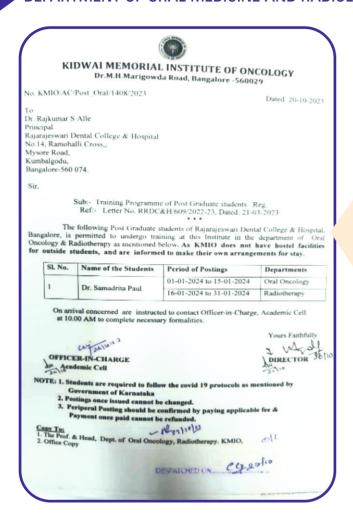
BOOK PUBLICATIONS

Sl. No.	TITLE	PUBLISHER	ISSUE					
DEPA	DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE							
1.	1. Advancement & new understanding in medical science- (chapter) Integrating intraoral scanners in dental practice • Dr Shwetha Poovani • Dr Rashmi							
DEPA	ARTMENT OF PEDODONTICS AND PREVENTIVE DENTIS	ΓRY						
2.	Advanced Concepts in Medicine and Medical Research Vol. 12 Role of Matrix Metalloproteases and Total Antioxidant Capacity in Early Childhood Caries – A Review • Dr Umapathy T	BP Publishers	v12/6535A					



MEMORANDUM OF UNDERSTANDING

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



A MoU has been signed between RRDCH and Kidwai Memorial Institute of Oncology, Bangalore for peripheral postings in the department of Oral oncology and Radiotherapy & Radiodiagnosis for duration of 1 month and our second year postgraduate student Dr Samadrita Paul has been posted in the department for screening and diagnosis of premalignant & malignant lesions.



Session best paper to Dr Amrutha More at IPS national conference held at GOA from 7th – 10th December for the topic-Comparative evaluation of crown made from milled wax pattern and manual wax pattern.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE



FACULTY AWARDS



PROGRAM	VENUE	CONTEST	PARTICIPATION
ProsthARTICS	Rajarajeswari Dental College and Hospital	Ink your Maxilla	Dr. Shweta Somasundara Y Consolation Prize

OUTREACH PROGRAM

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

An industrial visit to Confident Dental Equipments Pvt. Ltd, Bangalore was organised by our college on 20th January 2024. Batch of 60 interns accompanied by Dr Mahesh Kumar T.S and Dr Nimmi Janardhan visited the lab where manufacturing of dental chairs and equipments was shown and explained how to choose a dental chair for dental clinic.





DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Sl. No.	DATE	PLACE OF CAMP CONDUCTED
1.	06/01/2024 & 07/01/2024	Ambur, Tamil Nadu
2.	07/01/2024	Thippagondanahalli
3.	16/01/2024	Universal Group , Ramohalli
4.	17/01/2024	Kavanapura
5.	18/01/2024	K R Pete
6.	20/01/2024 & 21/01/2024	Ambur, Tamil Nadu
7.	24/01/2024	Malavalli
8.	27/01/2024 & 28/01/2024	Ambur, Tamil Nadu
9.	29/01/2024	Mahalakshmi Layout
10.	31/01/2024	Maddur

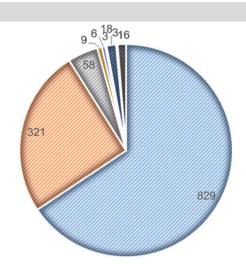
OPD STATISTICS

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

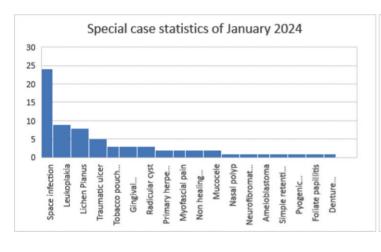
New Cases	New Cases Old Cases		Patients per day	
6808	7078	13886	604	

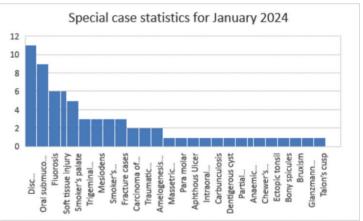
SPECIAL CASE STATISTICS:

- Pulpal and Periapical Diseases, Space Infections
- Gingival and Periodontal Diseases
- Mucosal Lesions, Oral Potentially Malignant Disorders, Malignancy
- Trauma Cases
- Bone Pathologies
- Salivary Gland Diseases
- Temporomandibular Diseases, Neuralgias and Muscle Diseases
- Benign growth and Conditions
- Congenital Disorders



DEPARTMENT SPECIFIC STATISTICS:





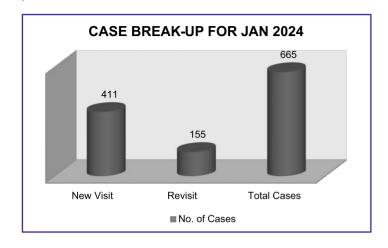
DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

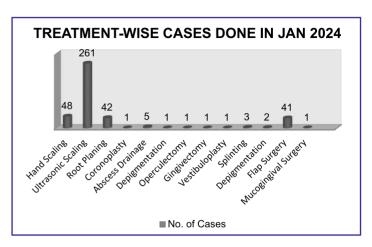
Total no of working days:	Total no of working days: Total no of Cases treated:		Revisited	
24	1188	354	834	

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Total Cases	PG Cases	UG Cases	Major OT	
1750	850	800	2	

DEPARTMENT OF PERIODONTOLOGY





DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

JANUARY	
Total	1558
Scaling	126
Topical fluoride	114
Pit and fissure sealants	124
G.I.C.	132
Amalgam	10
Composite	92
I.P.C	28
D.P.C	12
Pulp Therapy	90

RCT	72
Extraction	108
Space Maintainer	24
Minor orthodontics	08
Apexification	08
Stainless steel crown- Primary	78
Stainless steel crown- Permanent	26
Strip Crowns	12
Traumatic Injuries splinting	04
Minor surgical procedures	05

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

	STATISTICS FOR THE YEAR 2023								
MONTH	MONTH TOTAL NO OF CASES AMALGAM COMPOSITE GIC TF								
JANUARY 156 72 05 50 29									

UG STATISTICS FOR THE YEAR 2023									
MONTH	MONTH No of working days New visit Re visit Total Average								
JANUARY	JANUARY 24 1235 1042 2277 95								

	PG STATISTICS FOR THE YEAR 2023									
MONTH	TOTAL NO OF CASES	AMAL GAM	COMP OSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
JANUARY	722	24	167	44	285	17	00	03	00	00

OPD STATISTICS

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

MONTH	Ol	PD	TOTAL
MONTH	NEW	REVISIT	IOIAL
JANUARY 2024	821	1387	2208

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

	FROM OUTDOOR ACTIVITIES					
MONTH	NO. OF DENTAL CAMPS	DENTAL CAMPS- NO OF CASES	PRIMARY HEALTH CENTER (URBAN) Chunchunkuppe	CENTER (LIRBAN)	TOTAL NO OF CASES IN CAMPS	
JANUARY	10	1495	115	138	1724	

OPD DECEMBER MONTH STATISTICS				
MONTH	TOTAL NO OF CASES			
JANUARY	188			

TREAT	TREATMENT WISE PATIENT STATISTICS FOR THE MONTH OF DECEMBER 2023					
SL.NO	TREATMENT DONE	NUMBER OF PATIENTS				
1.	Extraction	1				
2.	Restoration	17				
3.	Oral prophylaxis	66				
4.	Pit and fissure sealant	2				
5.	Fluoride	5				
6.	Health Education	77				
7.	Tobacco cessation counselling	27				
	TOTAL	195				

DEPARTMENT OF ORAL IMPLANTOLOGY

STATISTICS FOR THE MONTH OF DECEMBER 2023					
MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT	
JANUARY	15	64	60	NIL	

DEPARTMENT OF ORAL PATHOLOGY

INTER DEPARTMENT MEET

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

STRATEGIES IN MANAGEMENT OF

NAMES OF PRESENTERS-

- 1. Dr. Varsha N
- 2. Dr. Siddharth Hosakere
- 3. Dr. Saranya Mohan
- 4. Dr. Pranathi Ravipati
- 5. Dr. Spoorthi T
- 6. Dr. Parinitha Jayaraj



FACULTIES AND POSTGRADUATES DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

INTRODUCTION:-

There is considerable amount of change in the behavior of infections for the past one decade. Fascial spaces do not exist in a normal healthy individual. These are latent spaces created by distention of tissues secondary to infection from the dental pulp, periodontal tissues and bone, where the infection perforates the cortical plate and discharge into the surrounding spaces. The infections range from simple superficial periapical abscess to deep infections in the neck region; some resolving with little consequences and some lead to life-threatening conditions. The fascial spaces in the Head and Neck are the potential spaces between the various fascia normally filled with loose connective tissue and bounded by the anatomical barriers usually of bone, muscle, or fascial layers.

Facial planes offer anatomic highways for infection to spread superficially to deep planes. Antibiotic availability in fascial spaces is limited due to poor vascularity. Drainage of the space infection either intraorally or percutaneously is done; intraoral incision and drainage are preferred as these may not produce a facial scar.

Untreated infections may result in abscess formation that can spread through different levels in and between the facial spaces and result in life-threatening situations including mediastinitis, pericarditis, meningitis, septic shock, airway compromise, jugular vein thrombosis, and arterial erosion, Although the complications are rare, they are serious and life threatening. The most critical point in the facial space infections is the understanding of the common and uncommon signs and symptoms, choice of antibiotics, definitive treatment and a thorough knowledge about the sequela if left unmanaged

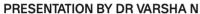




AUDIENCE

INTER DEPARTMENT MEET







PRESENTATION BY DR SIDDHARTH



PRESENTATION BY DR SARANYA M

CONCLUSION:-

Odontogenic infections are typically polymicrobial. The pathogenesis of odontogenic infections depend on a synergistic relationship between aerobic and anaerobic bacteria.

The last decade showed a notable change in the behavior of odontogenic infections. The severity of these infections is far greater than in the past, demanding swift recognition of the disease followed by prompt and more aggressive treatment. Failing to identify and treat these infections promptly may result in disastrous outcomes. Definitive treatment includes airway management, adequate resuscitation and optimization of pre-existing medical conditions prior to removal of the source of infection, and drainage of pus.



PRESENTATION BY DR PRANATHI R



PRESENTATION BY DR PARINITHA J



PRESENTATION BY DR SPOORTHI

Student Corner



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Experience shared by Postgraduate Student about Peripheral Postings

I, Dr Samadrita Paul, 2nd year Post graduate of Oral Medicine and Radiology at RRDCH had a compulsory one-month postings at KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY which consisted of 15 days Oral Oncology posting and 15 days Radiotherapy posting. During this one-month tenure I had exposure of various oral cancers and how to arrive at the diagnosis starting with basic medical test, biopsy, PET -CT ultimately surgery of the same. Regular usage of Pectoralis Major Myocutaneous (PMMC) flap and taking the decision of using unipedal or bipedal flap has given a new exposure. The procedures followed before exposing the patients to radiotherapy to start with CBCT scan, determining the isocentric point, moulding of the immobilising device and ultimately going for radiotherapy were all a new experience which was quite satisfactory.

PATIENT FEEDBACK

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

27 patients' feedbacks were collected and all were positive regarding the services offered by the department.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: - Vish woneth Date: 30/1/24

AGE/SEX: 69 years / Male

OP REGISTRATION NUMBER: - 2207250087

CONTACT NUMBER: 9844 82 75 18

NATURE OF COMPLAINT: - Patient complains of missing teeth in both upper a lower, front a back teeth region of jaw since 5 years and wants replacement for the same.

NATURE OF FEEDBACK:

I. K. R. Vichnondh, hearding of No. 43. Ist Police, Thyayar je Normander to, do state as follows:

I homerome to sin Raje Raje Booss Dental colloge & Astabal to full mouth implantation I was treated to the stance and it is firmished on they day 30th Jan 2024.

Shile I was a partient, the Dockes and the other State member of they hospital have treated me well want they very hand and countered and I was treated by the Dockes very well and showed

Very keen interested with regard to my health and Dental problems arising out of Dental I complants. I felt that while knowled and onto a training member and orbas a partients deseted as a training member and others. The PG Doctors Who treated are so trund and I connot explain insulated I thank them all. In future also I will be commoned my well to shows two want any wall ment with respect to this Hospital.

I thank all the persons who performed the proceedure for my dental Implants will be removed to remembered throughout my like Thanking you.

Therefore remembered throughout my like Thanking you.

DEPARTMENT OF PERIODONTOLOGY

(Fig.	DEI	PARTMENT O	F PERIODON	ITOLOGY	
100		PATIENT	FEEDBACK		
To provide	patient friendly facili	ties in the hosp suggestion	ital, we need y	our valuable fe	edback &
Name of Patient	: Khalikshi	-330000	13.	*	4.4
Age/Gender .	: 65 years.				
Address	: Kumbalgode				4
Phone No	: 0				
OP No	: 2401180288		. 10		
Email ID	-1				20.00
How do you rate Excellent	the information give	en at the Recept	ion Counter?		
How do you rate patient?	your reception by o	ral health care p	roviders during		t as a
How do you rate Excellent	the overall cleanline	ss of the depart	100000000000000000000000000000000000000	cilities provide	ed?
How do you rate	your experience dur	ing a subsequer □ Average	nt visit to the de	epartment?	
How do you rate	the treatment service	es provided at the	ne department? □ Poor		
How do you rate t	he emergency treatr			Not availed	
How do you rate t	he treatment charge				
	all opinion about the		□ Poor		
Suggestions (if an		☐ Average	□ Poor		
E 10 0					

182	DE	PARTMENT	OF PE	RIODON	ITOLOG	Υ	
H. ()		PATIE	NT FEE	DBACK			
- 100							
To provide p	atient friendly faci	ilities in the ho sugges		e need yo	our valua	ble feed	back &
Name of Patient	: Gowann	-A .				11.	
Age/Gender	: 45 /F.						. 4
Address	: Kengere	١,					
Phone No	: 8459632	2142.					
OP No	: 24011630	205					5
Email ID	:				883		10.5
How do you rate t	he information giv	en at the Rec		ounter?			
How do you rate y	our reception by	oral health car	e provid	ers during	vour firs	t visit as	a
patient?	out tooop						
Excellent	Good	□ Avera	ge ······	□ Poor	-		
☐ Excellent	Good he overall cleanlin		artment		cilities p	rovided?	,
Excellent How do you rate to Excellent	he overall cleanlin	ess of the dep	artment ge	and the fa □ Poor			,
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6192		DEPARTME	NT OF P	ERIODON	TOLOGY	
		PA	TIENT FE	EDBACK		
To provide p	atient friendly t	acilities in the	hospital,	we need yo	ur valuable	feedback &
	4.5	sugg	gestions.			
Name of Patient	: MAM	ATHA.			•	
Age/Gender *	: 35 4/F					4
Address	: Kenge	ri				,
Phone No	: 94725	POCHE			a are	
OP No	: 2401.2	10250				
Email ID	: .		120			
How do you rate to Excellent How do you rate y	☑ Good	□ A\	verage	□ Poor	your first vi	sit as a
patient? Excellent	☐ Good	□Av	rerage	□ Poor		
How do you rate the Excellent	ne overall clean	liness of the		t and the fa	cilities provi	ided?
How do you rate y	our experience	during a subs		it to the de	partment?	
How do you rate the	e treatment se	vices provide		partment?	4.4	
How do you rate th	e emergency tr Good	eatment servi Average	ces at the		- Not availed	
How do you rate th	e treatment cha	rges at this h Ave		□ Poor		
What is your overal Excellent	II opinion about	the hospital?		□ Poor		
Suggestions (if any)			-	•	

	ಪಿರಿಯಡಾಂಟಾಲಜಿ ವಿಭಾಗ ರೋಗಿಯ ಪ್ರತಿಕ್ರಿಯೆ	
	ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ರೋಗಿ ಸ್ನೇಹಿ ಸೌಲಭ್ಯಗಳನ್ನು ಒದಗಿಸಲು ನಮಗೆ ನಿಮ್ಮ ಅಮೂಲ್ಯವಾದ ಪತಿಕಿಯೆ ಮತ್ತು ಸಲಹೆಗಳ ಅಗತ್ಯವಿದೆ.	
	ರೋಗಿಯ ಹಸರು : ಆಗಿಕೆ ಕ್	
	ವಯಸ್ಸು / ಲಿಂಗ : m/53	
	Svori : Bioladi	
	Gedand Host : 9538579038.	
	E.S. NOS. : 2401090277.	
	ಇಮೇಲ್ ಐಡಿ :	٠.
	ಸ್ವಾಗತ ಕೌಂಟರ್,ನಲ್ಲಿ ನೀಡಿದ ಮಾಹಿತಿಯನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
	ಅತ್ಯುತ್ತಮ	. *
86	ರೋಗಿಯಾಗಿ ನಿಮ್ಮ ಮೊದಲ ಭೇಟಿಯ ಸಮಯದಲ್ಲಿ ಮೌಖಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣೆ ನೀಡುಗರಿಂದ ನಿಮ್ಮ ಸ್ವಾಗಕವನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
1000	ಅತ್ಯುತ್ತಮ 🔲 ಉತ್ತಮ 🔲 ಸರಾಸರಿ 🔲 ಕಳಪ	
	ಈ ಇಲಾಖೆಯ ಒಟ್ಟಾರೆ ಸ್ಪಚ್ಛತೆ ಮತ್ತು ಒದಗಿಸಿದ ಸೌಲಭ್ಯಗಳನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
	🗌 ಅತ್ಯುತ್ತಮ 🔀 ಉತ್ತಮ 🔲 ಸರಾಸರಿ 🔲 ಕಳಪೆ	
	ಈ ಇಲಾಖೆಯ ನಂತರದ ಭೇಟಿಯ ಸಮಯದಲ್ಲಿ, ನಿಮ್ಮ ಅನುಭವವನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ	7
	್ಷ ಕ್ರಮ ಬತ್ತಮ ಬತ್ತಮ ಬ್ಲಾಸರಾಸರಿ ಕಳಪೆ	
	ಈ ಇಲಾಖೆಯಲ್ಲಿ ಒದಗಿಸಲಾದ ಚಿಕಿತ್ಸಾ ಸೇವೆಗಳನ್ನು ನೀವು ಹೆಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
	ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತುರ್ತು ಚಿಕಿತ್ಸಾ ಸೇವೆಗಳನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
	🏿 ಅಶ್ಯುತ್ತಮ 📗 ಉತ್ತಮ 🔝 ಸರಾಸರಿ 📗 ಕಳಪೆ 🔛 ಲಭ್ಯವಿಲ್ಲ	
	ಈ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಯ ಶುಲ್ಕವನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?	
	್ರ ಅಶ್ಯುಕ್ರಮ ರಾತ್ರಮ ಸರಾಸರಿ ಕಳಪ	
	ಈ ಆಸ್ಪತ್ರೆಯ ಬಗ್ಗೆ ನಿಮ್ಮ ಒಟ್ಟಾರೆ ಅಭಿಪ್ರಾಯವೇಮ?	
	ಕಲಹೆಗಳು (ಯಾವುದಾದರು ಇದ್ದರೆ)	
	201124	
	Sissof: derhat was	

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Vasither AGE/SEX: 12) F

DATE: 6 /1/24 OP REGIST NO: 240 1660203

CONTACT NO: 9080807 038

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	-			
EASE OF APPOINTMENT				
TREATMENT DONE	1			
TREATING DOCTOR				

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED



DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Tanih 11/m AGE/SEX:

DATE: 201 24 OP REGIST NO: 2 40120016 6

CONTACT NO: 9 6 11 0 7 7 8 8 8 .

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	1			
EASE OF APPOINTMENT	~			
TREATMENT DONE				
TREATING DOCTOR	-		1	

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Aadhya

DATE: 25/1/24

AGE/SEX: 9/F

OP REGIST NO: 2401 250302

CONTACT NO: 9886 24 6161,

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK				
EASE OF APPOINTMENT				
TREATMENT DONE		-		
TREATING DOCTOR				

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED



DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Rishmitha DR

DATE: 91 1 24

AGE/SEX: 7 F

OP REGIST NO: 240 /3 10 2.37

CONTACT NO: 304 399965

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK		V		
EASE OF APPOINTMENT		V		
TREATMENT DONE		V		
TREATING DOCTOR				

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED

Pajodie 19 SIGNATURE OF PATIENT

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME:

DATE: Allay

AGE/SEX:

OP REGIST NO: 64010408.61 alm

CONTACT NO: 94.46 60 89.9.6

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK		V		
EASE OF APPOINTMENT		V		
TREATMENT DONE		/		1
TREATING DOCTOR		V		

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / LIN SATISFIED

Sani Ga Sim van SIGNATURE OF PATIENT (Parent)

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Nussath Fathing DATE: 4/01/23

AGE/SEX: 15/F

OPREGIST NO: 2401040 322

CONTACT NO: 63 666 92381

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK				
EASE OF APPOINTMENT		/	¥.	
TREATMENT DONE				
TREATING DOCTOR		/	-	

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED

Nushath Fathama SIGNATURE OF PATIENT

DEPARTMENT OF IMPLANTOLOGY

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: - Vish wanath

Date: -30 / 8/24

NAME: - Vish wonders

AGE/SEX: 63 years / Male

PREGISTRATION NUMBER: - 220/250087

CONTACT NUMBER: 3944 82 75 18

NATURE OF COMPLAINT: Patient supplains of missing teeth in both upper & lower, Front heak teeth region of jour office 5 years and wants replacement for the some.

NATURE OF FEEDBACK:

J. K. R.V. S. Marandh, Messading of No. 42 Lit Police, Thyogosija Der Bongaline. To. cle State as follows:

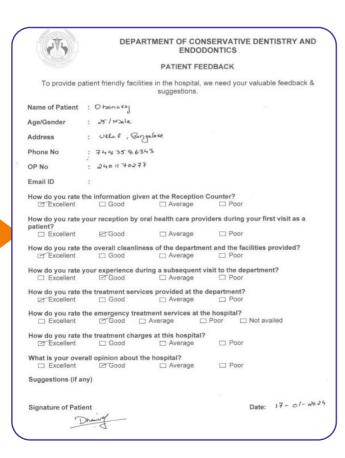
10 Janes come to Sir Roja Paga orison Dental cullage & Madrid Der Lall mouth Implementation I loss treated by the storme and the finished on they day 20th I am about the other bolds of the I have a particulate. The Dockho and the other bolds of the Marandham of Newton me hell some they be member of they hopdited have Newton me hell branched by the Dochace Very hell and showed

Very heen indeeded with regard to my health, and sented problems arising out of sorbal somplants. I felt that while level ment I was tracked as a bandy member and not as desired the DB Doctory the tracked are no hund and I count explain timbered at thank been all. In Ewhite also I will I thank them all. In puture are some of the performance from the performance of the performance of the performance of the performance of the processing the performance of the processing that my dendal Implant, but he removed throughout my be Shanking you

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

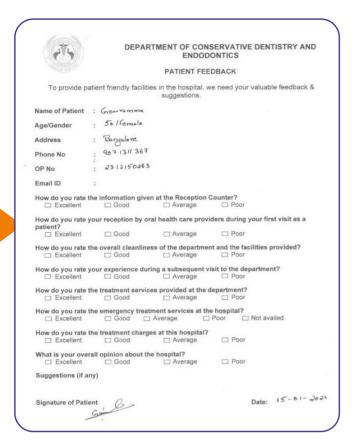
4 TZ	DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS					
		PATIENT	FEEDBACK			
To provide pa	tient friendly facilit	ies in the hospit suggestion		our valuabl	e feedback &	
lame of Patient	: Ranga swamy					
ge/Gender	: 56/male					
ddress	: Rejajinggon	Baggalore				
Phone No	: 9900 4 534					
OP No	: 2308 100	243				
mail ID	:					
low do you rate the Excellent	ne information give ☐ Good	en at the Recept		or		
low do you rate y	our reception by o	ral health care p			it visit as a	
☐ Excellent	☐ Good	☐ Average	□ Po	or		
low do vou rate t	he overall cleanlin	ess of the depar	tment and the	facilities p	rovided?	
Excellent	☐ Good	☐ Average	□ Po	or		
How do you rate y	our experience du	ring a subseque	ent visit to the	departmer or	t?	
low do you rate t	he treatment servi	ces provided at	the departmen	nt?		
☐ Excellent	☑ Good	☐ Average				
low do you rate t	he emergency trea	tment services	at the hospital	1?		
Excellent	☐ Good ☐	☐ Average	□ Poor	☐ Not ava	illed	
low do you rate t	he treatment charg					
□ Excellent	Good	☐ Average	□ Po	or		
What is your over	all opinion about t	he hospital?				
Excellent	☐ Good	☐ Average	□ Po	ior		
Suggestions (if ar	ny)					
					10-01-2024	
Signature of Patie						

PITA	DE	PARTMENT OF COL ENDO	NSERVATIVE DENTIS DONTICS	STRY AND
		PATIENT FE	EDBACK	
To provide p	atient friendly fa	acilities in the hospital, suggestions.	we need your valuable	feedback &
Name of Patient	: Faisa Tat	3055 U PO		
Age/Gender	: 191 Fem	vale		
Address		Bargalore		
Phone No	:: 98 444	87620		
OP No	: 231125	0/73		
Email ID	1			
How do you rate	the information	n given at the Reception Average	n Counter?	
How do you rate	your reception	by oral health care pr	oviders during your firs	t visit as a
patient?	☐ Good		□ Poor	
How do you rate	e the overall cle	anliness of the departs	ment and the facilities p	rovided?
□ Excellent	☑ Good	□ Average	nt visit to the departmen	t?
Excellent	☐ Good			
How do you rat	te the emergenc	treatment services a	t the hospital? Poor Not ava	ailed
How do you rat	te the treatment	t charges at this hospit Average	al? □ Poor	
What is your o	verall opinion a	bout the hospital?	□ Poor	
Suggestions (i	f any)			
	antiant 7		Date:	25-0-2
Signature of P	Patient Form			

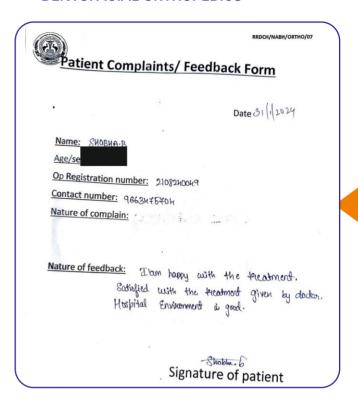


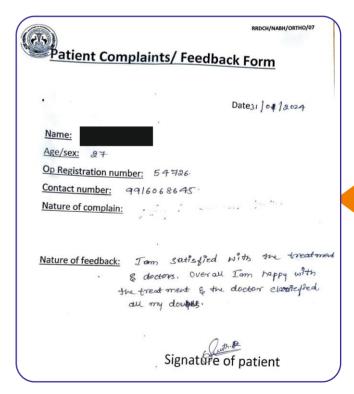
(FF)	DEP		CONSER\		NTISTRY AND
		PATIE	NT FEEDBA	ск	
To provide p	atient friendly fac	lities in the hos		d your valua	able feedback &
Name of Patient	: Tsering D	ky.			
Age/Gender	: 221 Fermal	e			
Address	: Sheshagi.	Halli rama	Nager		
Phone No	: 9596647	1928			
OP No	: 23120503	11			
Email ID	:				
How do you rate	the information g	ven at the Rec		er? Poor	
How do you rate patient?	your reception by	oral health car	re providers	luring your f	irst visit as a
□ Excellent	☐ Good	□ Avera	ige 🗆	Poor	
How do you rate	the overall cleanli	ness of the de		the facilities Poor	provided?
How do you rate	your experience of Good	luring a subsec		the departm Poor	ent?
How do you rate	the treatment ser	vices provided		ment? Poor	
How do you rate	the emergency tre	eatment service		oital? □ Not a	vailed
How do you rate	the treatment cha	rges at this ho		Poor	
What is your over	rall opinion about	the hospital?	age 🗆	Poor	
Suggestions (if a	ny)				
00					

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS







RajaRajeswari Dental College and Hospital, Bengaluru