

RajaRajeswari Dental College & Hospital

NEWSLETTER



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

RASHTRIYA EKATA DIVAS (NATIONAL UNITY DAY) - Date: 31st October 2023





Events organised: Unity awareness lecture & Unity pledge

Objective of the event: The NSS unit Rajarajeswari Dental College and Hospital organised national unity day on 31st October 2023 to commemorate the 148th birth anniversary of the IRON MAN OF INDIA - SARDAR VALLABHBHAI PATEL and create a sense of inherent strength and resilience of our people to with stand threats to security, unity and integrity of the country.

Number of beneficiaries: 85 students and staff

Brief outline of the event:

- A lecture was rendered by Dr.Aruna.C.N. (Prof and HOD, Department of Public Health Dentistry) who emphasised the paramount importance of unity and highlighted how Sardar Patel's efforts led to the integration of princely states into a united India. She encouraged all present to uphold the core values of unity and diversity.
- The programme was culminated by pledge or oath taking ceremony which embarked the spirit that everyone should follow the path shown by Sardar Patel, keeping the nation as their first priority and working for unity and integrity

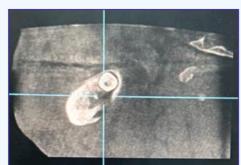


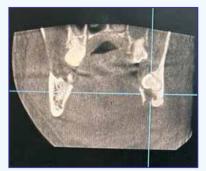
CASE OF THE MONTH

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY









OSTEOMYELITIS INVOLVING LEFT LOWER BORDER OF **MANDIBLE**

A 45 years old male patient reported to the department with the complaint of swelling in his left side of face since 3 days with difficulty in opening mouth. He also gives history of occasional pain in his left lower back tooth since 10 months which used to subside after taking medications. He visited a private dental hospital for the same and various investigations were carried out including radiographs and FNAC. He also gives history of pus discharge from the left lower border of mandible after FNAC. On extra oral examination, a diffuse swelling was present on left middle third of face measuring about 7x7cm, swelling was firm in consistency and tender on palpation. Restricted mouth opening of about 15mm was present. Healing scar was present on the left lower border of mandible.



Intraorally, buccal vestibular tenderness was present in relation to 37, 38. Provisional diagnosis of cellulitis secondary to chronic non-suppurative osteomyelitis was given. CBCT reveals erosion of inferior border of mandible with formation of Codman's triangle in the lingual cortical plate in relation to 37. 38 region and radiographic diagnosis of chronic osteomyelitis was given.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

PROSTHODONTIC REHABILITATION OF IMPLANT PLACED IN AESTHETIC ZONE



Pre -operative radiograph showing satisfactory osseointegration



healing collar

Healing collar placed for the duration







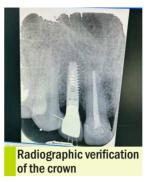


metal trial

PROSTHODONTIC REHABILITATION OF IMPLANT PLACED IN AESTHETIC ZONE









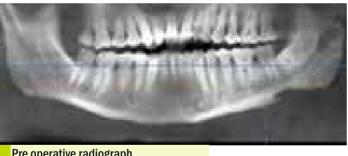
DEPARTMENT OF ORAL AND MAXILLOFACIAL SUREGERY

OSTEOMYELITIS OF THE MANDIBLE

A 48-year-old man reported to the department with the complaint of swelling on the left side of the face with an extraorally draining sinus in the left antero-inferior border of the mandible. The patient gave history of pain in the lower left back of the mandible since 2 months. Patient was evaluated and advised radiographic investigations. Radiographic findings revealed sequestra in 37 region and the patient was diagnosed as osteomyelitis of mandible. Patient was treated with incison and drainage followed by extraction of 37 and lingual cortex removal (sequestrectomy) under IV antibiotic support. Postoperative healing was uneventful.













DEPARTMENT OF PERIODONTOLOGY

LOCAL DRUG DELIVERY USING TETRACYCLINE FIBRES









Periodontitis is a polymicrobial disease which is initiated by dental plaque. Scaling and root planing remains the cornerstone of periodontal therapy. However, microorganisms can invade host tissues and may not be eliminated completely by mechanical therapy. Hence, LDD into the periodontal pockets has been advocated to deliver the drug directly to the site of infection. A 31-year old male patient reported with the complaint of food lodgement in the right upper back tooth region since 2 months.

LOCAL DRUG DELIVERY USING TETRACYCLINE FIBRES

On clinical examination, calculus was observed with probing pocket depth of 4-6mm. Complete ultrasonic scaling was done with root planing followed by placement of tetracycline fibres (Periodontal Plus AB) with respect to 15,16,17. Pocket depth was recorded at baseline and 2 months with reduction in pocket depth noted. Thus, tetracycline fibres can be used adjunctive to scaling and root planing for pocket reduction.





Post operative (2 months)

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

NON-SURGICAL MANAGEMENT OF PRIMARY MOLAR WITH AN ACUTE ALVEOLAR ABSCESS IN A PEDIATRIC PATIENT

A male patient aged 8 years reported to the Department of Pediatric and Preventive Dentistry, Rajarajeswari Dental College and Hospital with a chief complaint of pain and swelling in the lower left back tooth region since 5 days causing difficulty in mastication, disturbance in sleep and unesthetic appearance.

Extraoral examination revealed a diffuse solitary swelling which was measuring 3 x 2 cm on left lower third of face extending anterioposteriorly from chin to the angle of mandible and superioinferiorly extending from corner of mouth to the body of the mandible, which was firm in consistency. Skin over the swelling appears stretched with local rise in temperature (Fig 1) and submandibular lymph nodes soft, tender and palpable.

Intraoral examination revealed mixed dentition with the fair OHI-S Index and deep dentinal caries in relation to 74 with vestibular obliteration and tenderness (Fig 2). The IOPAR shows radiolucency involving pulp in relation to 74(Fig 3).

Considering the root length and age of the patient pulp therapy followed by stainless steel crown was planned in relation to 74.A multi visit pulp therapy was carried out under systemic antibiotics and once the tooth was asymptomatic obturation was done and stainless steel crown cementation using luting GIC was successfully completed (Fig4). On follow up postoperative healing was satisfactory.















DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

MANAGEMENT OF DISCOLOURED ANTERIOR RESTORATION

Background: Discoloration of restorative materials is an unwanted effect on esthetic dental resin composites, even though it is inevitable in the oral environment. Discoloration can be caused by intrinsic and (or) extrinsic factors. Incomplete polymerization of the resin composites leaves unreacted monomers, which can cause discoloration by aging and subsequent reactions with other substances. Discoloration can also occur through water sorption and food intake. Since the foods consumed contain a variety of coloring agents, they can alter the colour of the resin composites through absorption and/or adsorption of colorants during the long period of exposure. The growing demand for esthetics has made individuals more aware of the discoloured restorations which may be apparent during smiling. Composite re-restoration is one of the treatment modalities for esthetic concern.





REMOVAL OF OLD RESTORATION AND TOOTH PREPARATION

Case Report: A 28 year old patient reported to the department seeking esthetic correction for his discoloured anterior restoration. Medical and Dental histories were not significant. Clinical examination revealed discoloured composite restoration between maxillary central incisors. Hence, Composite re-restoration was done.

Conclusion: Composite re-restoration can be safely and reliably employed to treat discoloured restorations.







DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: AGE/SEX: 23/M OP.NO:

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

PROBLEM LIST: Angles Class I malocclusion with crowding in the upper and lower anterior teeth region.

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









DEPARTMENT OF ORAL IMPLANTOLOGY







A 56 y/o male patient reported to our department with completely edentulous lower arch and wanted implant supported fixed prosthesis for the same.

After CBCT evaluation, all on 4 implants were placed using surgical guide (flapless procedure) and implant supported hybrid prosthesis was delivered after 3 months.

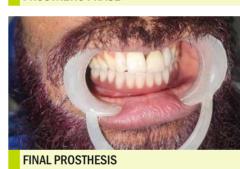












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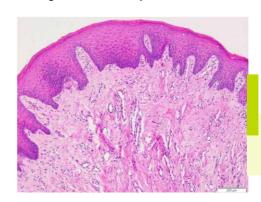
DEPARTMENT OF ORAL PATHOLOGY

FIBRO-EPITHELIAL HYPERPLASIA

A 75 year old female patient came with a chief complaint of swelling on the left gingival region since 2 months.

Intra oral examination revealed pedunculated, irregular surfaced soft tissue growth in 24, 25 alveolar ridge region, measuring about 3cms x 2cms. Growth was non tender and firm on palpation. Based on clinical features provisional diagnosis of irritational fibroma was given. The lesion was surgically excised under local anaesthesia based on provisional diagnosis. The tissue specimen was sent for histopathological examination. H& E stained section revealed hyper keratinised stratified squamous epithelium with underlying fibrous connective tissue. Connective tissue showed bundles of collagen fibers, coursing in an irregular pattern. Mild acute inflammatory infiltrate comprising polymorphonuclear leucocytes were noted.

The histopathological features were suggestive of fibroepithelial hyperplasia. The patient was advised to maintain a scrupulous oral hygiene and was advised to come for regular checkup. The patient was reviewed after one month. Wound healing was satisfactory.



H&E stained section showing features of Fibro-epithelial hyperplasia. (20x)

PUBLICATIONS

| Sl. No. | TITLE | JOURNAL & ISSUE | AUTHORSHIP | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| | DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY | | | | | | | | |
| 1. | Artificial Intelligence in Maxillofacial Radiology by Leaps and Bounds | Journal of Advanced Zoology 2023; 44 (s-3); 549-558. | Dr D BhavishyaDr Mahesh Kumar T.SDr Poornima C | | | | | | |
| DEP | ARTMENT OF PERIODONTOLOGY | | | | | | | | |
| 1. | Efficacy of Locally Delivered 2% Grape seed Extract on Porphyromonas Gingivalis and Fusobacterium Nucleatum | Journal- Innovations Issue -September 2023 | Dr. Savitha .S | | | | | | |
| 2. | Clinical Comparison Of Photodynamic Therapy With Methylene Blue And Malachite Green Adjunctive To SRP In Chronic Periodontitis | Malachite Green Adjunctive To SRP Zoology 2023; 44 (s-3); | | | | | | | |
| 3. | Effect of Laser as An Adjunct to Nonsurgical Periodontal Treatment on serum inflammatory markers in Patients with Chronic Periodontitis: A Clinico microbiological study | Journal of Advanced Zoology 2023; 44 (s-3); 627-632. | Dr. Rithesh .KDr. M.S NaliniDr. R.S. Senthil Rajan | | | | | | |
| DEP | ARTMENT OF ORTHODONTICS AND DENTOFACIAL ORT | HOPEDICS | | | | | | | |
| 1. | Computational Fluid Dynamics And Its Solicitation In Dentistry- An Update And Review Of Literature | Journal of Advanced Zoology, October 2023 Vol 44 Issue S-3 | Dr. Mayank Trivedi Dr. Rajkumar S Alle | | | | | | |
| DEP | ARTMENT OF PUBLIC HEALTH DENTISTRY | | | | | | | | |
| 1. | Patient Record Maintenance Among Private Dental Practitioners In Bangalore City | Journal of Advanced Zoology, October 2023 Vol 44 Issue S-3 | Dr. Prasanna Kumar Y S Dr. Shweta Somasundara Y Dr. Aruna C N | | | | | | |

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



Dr. Poornima G., Professor was awarded with "BEST TEACHER" for the academic year 2022-2023 on 27th Graduation Day held on 9th October 2023.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE



Dr. Shwetha Poovani was felicitated to acknowledge her constant support provided to IPS Bengaluru branch in conducting and executing numerous programs at the national and state level.

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY







A certificate was awarded to Dr Nagarathna C for her understanding on the prognostic factors of tooth avulsion and replantation at 44th ISPPD National Conference -Ahmedabad, October 2023.

INVITED LECTURES

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

1. Dr Nagaratna C – Professor

Chairperson for scientific presentations.

Date: 28.10.2023, 44th Annual ISPPD National Conference



OUTREACH PROGRAM

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

| Sl. No. | Date | Place of Camp conducted |
|------------|------------|------------------------------|
| 1. | 05/10/2023 | Vaniyambadi, Tamil Nadu |
| 2. | 06/10/2023 | Alangayam , Tamil Nadu |
| 3. | 07/10/2023 | Madanur, Tamil Nadu |
| 4. | 08/10/2023 | Ambur, Tamil Nadu |
| 5. | 27/10/2023 | Nirashritara Parihara Kendra |

OPD STATISTICS

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

| New cases | New cases Old cases | | Patients per day | |
|-----------|---------------------|-------|------------------|--|
| 5171 | 5133 | 10304 | 565 | |

SPECIAL CASE STATISTICS:

| | Total number of cases |
|--|-----------------------|
| Pulpal And Periapical Diseases, Space Infections | 660 |
| Gingival and Periodontal Diseases | 343 |
| Mucosal Lesions, Oral Potentially Malignant Disorders, Malignancy | 45 |
| Trauma Cases | 21 |

| | Total number of cases |
|--|-----------------------|
| Bone Pathologies | 01 |
| Salivary Gland Diseases | 04 |
| Temporomandibular Diseases, Neuralgias and Muscle Diseases | 09 |
| Growths And Benign Conditions | 01 |
| Congenital Disorders | 11 |

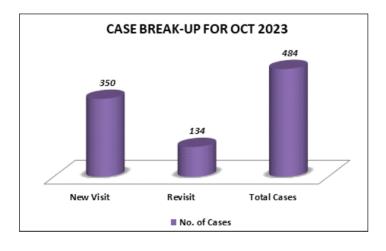
DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

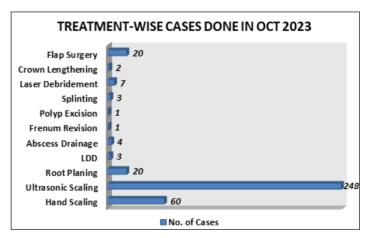
| Total no of working days: | Total no of Cases treated: | New | Revisited |
|---------------------------|----------------------------|-----|-----------|
| 18 | 948 | 295 | 653 |

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

| Total Cases | PG Cases | UG Cases | Major OT |
|-------------|----------|----------|----------|
| 1800 | 875 | 837 | 2 |

DEPARTMENT OF PERIODONTOLOGY





OPD STATISTICS

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

| | ОСТ |
|--------------------------|------|
| Total | 1090 |
| Scaling | 95 |
| Topical fluoride | 72 |
| Pit and fissure sealants | 100 |
| G.I.C. | 106 |
| Amalgam | 09 |
| Composite | 62 |
| I.P.C | 14 |
| D.P.C | 11 |
| Pulp Therapy | 60 |

| RCT | 52 |
|----------------------------------|-----|
| Extraction | 105 |
| Space Maintainer | 20 |
| Minor orthodontics | 03 |
| Apexification | 04 |
| Stainless steel crown- Primary | 50 |
| Stainless steel crown- Permanent | 16 |
| Strip Crowns | 09 |
| Traumatic Injuries splinting | 02 |
| Minor surgical procedures | 03 |

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

| STATISTICS FOR THE YEAR 2023 | | | | | | | | | |
|------------------------------|--|----|----|----|----|--|--|--|--|
| MONTH | MONTH TOTAL NO OF CASES AMALGAM COMPOSITE GIC TF | | | | | | | | |
| OCTOBER | 110 | 39 | 16 | 21 | 34 | | | | |

| UG STATISTICS FOR THE YEAR 2023 | | | | | | | | | |
|---------------------------------|---|-----|-----|------|----|--|--|--|--|
| MONTH | MONTH No of working days New visit Re visit Total Average | | | | | | | | |
| OCTOBER | 17 | 862 | 721 | 1583 | 93 | | | | |

| | PG STATISTICS FOR THE YEAR 2023 | | | | | | | | | |
|---------|---------------------------------|-------------|---------------|-----|-----|-------|-----|-------|-------|---------|
| MONTH | TOTAL NO OF CASES | AMAL GAM | COMP OSITE | GIC | RCT | CROWN | P&C | INLAY | ONLAY | SURGERY |
| OCTOBER | 423 | 06 | 61 | 23 | 173 | 11 | 07 | 00 | 00 | 00 |

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

| MONTH | Ol | PD | TOTAL | |
|--------------|-----|---------|-------|--|
| | NEW | REVISIT | IOIAL | |
| OCTOBER 2023 | 605 | 978 | 1583 | |

OPD STATISTICS

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

| | FROM OUTDOOR ACTIVITIES | | | | | | |
|---------|-------------------------|-----|---|-----------------|-------------------------------|--|--|
| MONTH | NO. OF DENTAL CAMPS | | PRIMARY HEALTH CENTER (URBAN) Chunchunkuppe | CENTER (LIRBAN) | TOTAL NO OF CASES IN CAMPS | | |
| OCTOBER | 5 | 625 | 74 | 95 | 794 | | |

| OPD OCTOBER MONTH STATISTICS | | | | |
|------------------------------|-----|--|--|--|
| MONTH TOTAL NO OF CASES | | | | |
| OCTOBER | 149 | | | |

| TR | EATMENT WISE PATIENT STATISTICS FOR THE MONT | ΓΗ OF OCTOBER 2023 |
|-------|--|--------------------|
| SL.NO | TREATMENT DONE | NUMBER OF PATIENTS |
| 1. | Extraction | 1 |
| 2. | Restoration | 5 |
| 3. | Oral prophylaxis | 74 |
| 4. | Pit and fissure sealant | 03 |
| 5. | Fluoride | 01 |
| 6. | Health Education | 109 |
| 7. | Tobacco cessation counselling | 17 |
| | TOTAL | 210 |

DEPARTMENT OF IMPLANTOLOGY

| STATISTICS FOR THE MONTH OF OCTOBER 2023 | | | | | | |
|---|----|----|----|-----|--|--|
| MONTH IMPLANT OPD PROSTHETIC FAIL IMPLANT | | | | | | |
| OCTOBER | 15 | 30 | 47 | NIL | | |

DEPARTMENT OF ORAL PATHOLOGY

OPD OCTOBER MONTH STATISTICS: 420

Student Corner



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

EXPERIENCE SHARED BY A NEW INTERN, (TRANSFERRED FROM OTHER COLLEGE)

Embarking on my new internship programme in the department of **Oral Medicine and Radiology at RajaRajeswari Dental College and Hospital** has been an enriching and dynamic experience. Immersing in the intricacies of oral health diagnostics and treatment planning, everyday has been an opportunity to delve into a diverse array of cases. The supportive environment, coupled with the guidance of experienced professionals, has allowed me to bridge the gap between theoretical knowledge and practical application. From conducting detailed patient examination to interpreting diagnostic findings, each day presents with a new challenge and a chance to refine my skills. Collaborating with my colleagues in the department has not only expanded my clinical knowledge but has also fostered a sense of camaraderie. As I navigate through this professional journey, I am gaining insights that extend beyond textbooks shaping me into a more confident and capable dentist.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

Panoramic mandibular index
Ratio of cortical thickness to distance between
Mental foramen and inferior border
(>0.3)

Residual ridge resorption- Wical and Swoope
Ridge resorption calculated as R=3x-L

'assified as
's 1: upto one third of original height lost
2: up to 2/3rd of original height lost
more than 2/3rd of original height lost

1st Year Postgraduate master class organized by IPS Bangalore Branch, in association with KLE Dental College & Hospital, Bangalore



PATIENT FEEDBACK

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

DEPARTMENT OF PERIODONTOLOGY

| 474 | ¥ | DEPARTMENT OF | PERIODONT | OLOGY |
|--------------------------------|---------------------------|--|--------------------|-----------------------|
| (W | | PATIENT | FEEDBACK | |
| To provide p | atient friendly | facilities in the hospit suggestion | al, we need you | r valuable feedback & |
| Name of Patient | : Gouth | - M- | | |
| Age/Gender | : Gouth | | 1.00 | |
| Address | : Keng | el." | | |
| Phone No | : 9962 | 764221 | | 8 |
| OP No | : 23100 | 40270 | | |
| Email ID | : | | | |
| How do you rate ☐ Excellent | the Information | given at the Reception | on Counter? | |
| How do you rate patient? | your reception | by oral health care pr | oviders during y | our first visit as a |
| ☐ Excellent | · Good | □ Average | □ Poor | |
| How do you rate Excellent | the overall clea | nliness of the departr | ment and the faci | lities provided? |
| How do you rate : | your experience □ Good | e during a subsequen | t visit to the dep | artment? |
| How do you rate t | the treatment se | ervices provided at th | e department? | |
| How do you rate t | he emergency | treatment services at | | lot availed |
| fow do you rate t | he treatment ch | narges at this hospital | Poor | |
| What is your overs | all opinion abou | ut the hospital? | □ Poor | |
| uggestions (if an | у) | | | |
| | | | | |

| 474 | DEPARTMENT OF PERIODONTOLOGY |
|--------------------------------|---|
| | PATIENT FEEDBACK |
| To provide p | patient friendly facilities in the hospital, we need your valuable feedback $\mathcal S$ suggestions. |
| Name of Patient | : Varabakshmi |
| Age/Gender | : 40/F |
| Address | : Dgroup, See Gandeda Kavalin. |
| Phone No | : 9781472618 |
| OP No | : 2310110051 |
| Email ID | |
| How do you rate t ☐ Excellent | the information given at the Reception Counter? ☐ Good ☐ Average ☐ Poor |
| How do you rate y patient? | your reception by oral health care providers during your first visit as a ☑ Good ☐ Average ☐ Poor |
| How do you rate t | the overall cleanliness of the department and the facilities provided? ☐ Good ☐ Average ☐ Poor |
| How do you rate y Excellent | your experience during a subsequent visit to the department? ☐ Good ☐ Average ☐ Poor |
| How do you rate the Excellent | he treatment services provided at the department? Good Average Poor |
| How do you rate the Excellent | he emergency treatment services at the hospital? ☑Good ☐ Average ☐ Poor ☐ Not availed |
| How do you rate th | he treatment charges at this hospital? ☑ Good □ Average □ Poor |
| What is your overa | all opinion about the hospital? ☑ Good ☐ Average ☐ Poor |
| | (v) |
| Suggestions (if an | " sandy |
| Suggestions (if an | 2 |

| | DEPARTMENT OF PERIODONTOLOG | Y |
|---------------------------------|---|----------------|
| H(X 13) | | • |
| | PATIENT FEEDBACK | |
| To provide p | atient friendly facilities in the hospital, we need your valual suggestions. | ole feedback & |
| Name of Patient | : Nagaraj u | |
| Age/Gender | 35/m | |
| Address | : · Bidadi | |
| Phone No | : 9945829980 | |
| OP No | : 2 30515026 | |
| Email ID | | |
| How do you rate t | he information given at the Reception Counter? Good Average Poor | |
| How do you rate y | our reception by oral health care providers during your firs | t visit as a |
| Excellent | ☐ Good ☐ Average ☐ Poor | |
| How do you rate to Excellent | ne overall cleanliness of the department and the facilities pr Good Average Poor | rovided? |
| How do you rate y ☐ Excellent | our experience during a subsequent visit to the department | 17 |
| How do you rate to | ne treatment services provided at the department? | |
| How do you rate the Excellent | ne emergency treatment services at the hospital? Good Average Poor Not avail | ed |
| How do you rate the Excellent | e treatment charges at this hospital? | |
| What is your overa | Il opinion about the hospital? ☐ Good ☐ Average ☐ Poor | |
| Suggestions (if an | | |
| SADW | | |
| Signature of Patien | 4 | 12/10/23 |
| organistic or ration | Date: | 1 2 1 2 1 |

| | DE | PARTMENT OF | PERIODONTOLOG | Υ |
|---|---|-------------------------------------|------------------------------------|----------------|
| (C.) | | PATIENT | FEEDBACK | |
| To provide p | patient friendly fac | lities in the hospit suggestions | al, we need your valuat | ole feedback & |
| Name of Patient | : Nigamm | a | | |
| Age/Gender | : Nigamm : 62/F | | | |
| Address | . Komaga | Ha. | | |
| Phone No | : 7349546 | | | |
| OP No | : 1310080 | 79 | | |
| Email ID | P II | | | |
| ☐ Excellent | ⊠ Good | ven at the Reception Average | □ Poor | 23339-250-211 |
| How do you rate patient? | your reception by | | oviders during your firs | t visit as a |
| □ Excellent | ☐ Good | ☐ Average | □ Poor | |
| How do you rate Excellent | the overall cleanlin | ness of the departr Average | nent and the facilities p | rovided? |
| How do you rate | your experience di ☑ Good | uring a subsequen Average | t visit to the departmen | 17 |
| | the treatment servi | ces provided at th | e department? | |
| □ Excellent | V-10900 | | | |
| | the emergency tre: Good | itment services at ⊒ Average | the hospital? ☐ Poor ☐ Not avai | led |
| ☐ Excellent | the treatment char- | ges at this hospita | I? ☐ Poor | * |
| | ☐ Good | ☐ Average | | |
| How do you rate Excellent | | | □ Poor | |
| How do you rate Excellent What is your over | □ Good all opinion about t ☑ Good | he hospital? | Poor | |

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Hascopille AGE/SEX: Sy M

DATE: 16(10/23 OP REGIST NO: 69929

CONTACT NO: 978664 6548

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 EFFORACK FROM

NAME TAINE Unnish

DATE: 12 /16/23

AGE/SEX TO VEAST / F

OPREGIST NO: 2310120021

CONTACT NO 9632977421

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

| TITLE | VERY GOOD | GOOD | FAIR | POOR |
|-------------------|-----------|-------|------|------|
| RECEPTIONIST DESK | | V | | |
| EASE OF | | ~ | | |
| APPOINTMENT | | 345 4 | | |
| TREATMENT DONE | | | | |
| TREATING DOCTOR | | 1 | | |

OVER ALL SATISFACTION

VERY SATISFACTORY / SATISFIED / UN SATISFIED

Sodin Hullan SIGNATURE OF PATIENT

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FFFDBACK FROM

NAME: Hamshith Growde DATE: 4/10/23

AGE/SEX: 7/M OP REGIST NO: 23/00/0292

CONTACT NO: 99 4529 3928

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

| TITLE | VERY GOOD | GOOD | FAIR | POOR |
|------------------------|-------------------|-------|------|------|
| RECEPTIONIST DESK | 0.000.000.000.000 | | | |
| EASE OF APPOINTMENT | | / | | |
| TREATMENT DONE | | ger I | | |
| TREATING DOCTOR | | | | |

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED



DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

DATE: 17/10/23 NAME: Homath C

AGE/SEX: 9/M

OP REGIST NO: 2 31017-0332

CONTACT NO: 9620909190

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 | - 2 | | | |

DEPARTMENT OF PROSTHODONTICS CROWN

OVER ALL SATISFACTION:

VERY SATISFACTORY / SATISFIED / UN SATISFIED

Startinaki mali G

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

Vedh Ayun gonda OUT PATIENT FEEDBACK FROM

NAME: Thampton AGE/SEX: 7 M DATE: 201012 OP REGIST NO: 2 309 216260

CONTACT NO: 8114052160

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



PATIENT COMPLAINTS /FEEDBACK FORM

NAME: Kanhah V

AND BRIDGE

Date: 09 11 2 91

AGE/SEX: Male / 33

OP REGISTRATION NUMBER:

CONTACT NUMBER: 9880962169

NATURE OF COMPLAINT: Teeth implatations

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME VICKAL TILMAS

DATE: 12/10/13

AGE/SEX: IE / MY

OF REGIST NO: 2310120064

CONTACT NO. GC OF C 93 C3

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

| TITLE | VERY GOOD | GOOD | FAIR | POOR |
|-------------------|-----------|------|------|------|
| RECEPTIONIST DESK | | | | |
| CASE OF | | | | |
| APPOINTMENT | 0-0 | | | |
| IRFATMENT DONE | | 1 | | |
| TREATING MOSTOR | | / / | | |

OVER ALL SATISFACTION:

Adli Devi

VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT

NATURE OF FEEDBACK: I tom Very Or plaination and procedul environment. The doctors here make sure that we are combertable and we get beest treatment and that too as soon as possible Thank you Dr. Kund and Matawisha for Such a great gat work 1/0000

SIGNATURE OF PATIENT

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

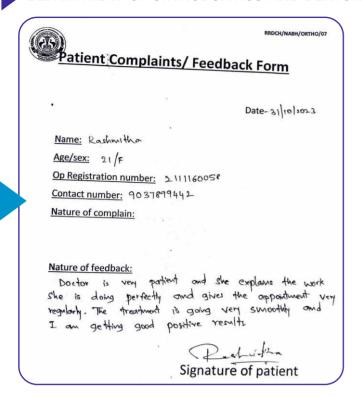
| PY | DE | PARTMENT OF C | ONSERVA | | ITISTRY AND |
|----------------------|---------------------------|--------------------------------------|----------------|-----------------------|----------------|
| Series St. | | PATIENT | FEEDBACH | • | |
| To provide pa | atient friendly fa | cilities in the hospit suggestion | | your valual | ole feedback & |
| Name of Patient | : Ngagun | ۸. | | | |
| Age/Gender | mlie: | | | | |
| Address | : silm : Kumbal | agodu | | | |
| | : 879233 | | | | |
| OP No | : 2309190 | 261 | | | |
| Email ID | : - | | | | |
| How do you rate t | he information I⊒-Good | given at the Recept | ion Counter | ? Your | |
| | our reception b | y oral health care p | roviders du | ring your fir | st visit as a |
| patient? Excellent | Good | □ Average | □F | oor | |
| How do you rate t | he overall clear | liness of the depar | tment and th | ne facilities Poor | provided? |
| How do you rate y | our experience ☐ Good | during a subseque | nt visit to th | e departme oor | nt? |
| How do you rate t | the treatment se | rvices provided at | he departm | ent? loor | |
| How do you rate t | the emergency t | reatment services a | t the hospit | al? | ailed |
| How do you rate ! | the treatment ch | arges at this hospi Average | ai? | oor 'oor | |
| What is your over | rall opinion abou | ut the hospital? | □ F | oor | |
| Suggestions (if a | ny) | | | | |
| Wigner | | | | | |
| Signature of Patie | ent | | | Date: | 6/10/23 |

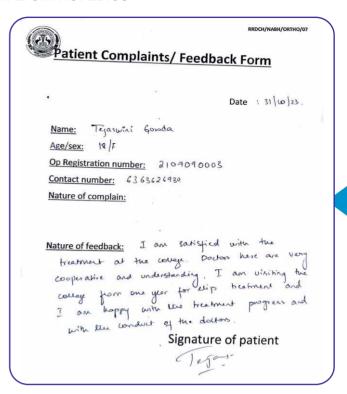
| | DEP | | NSERVATIVE DENT DONTICS | ISTRY AND |
|--|--|---|---|---------------|
| 94.55 | | PATIENT FE | EEDBACK | |
| To provide pr | atient friendly fac | cilities in the hospital suggestions. | , we need your valuabl | e feedback & |
| Name of Patient | : Yamuna | | | |
| Age/Gender | : 501 Famale | | | |
| Address | : Kama Kishi | polys Bogalore | | |
| Phone No | : 960674 | 3887 | | |
| OP No | : %1031101 | 185 | | |
| Email ID | | | | |
| ☑ Excellent | ☐ Good | given at the Reception Average by oral health care pr | Poor oviders during your fir | st visit as a |
| □ Excellent | ☐ Good | □ Average | ☐ Poor | |
| ☐ Excellent | ET Good | □ Average | ment and the facilities Poor nt visit to the department | |
| EZ Excellent | ☐ Good | ☐ Average | ☐ Poor | |
| | the treatment se | ervices provided at t | he department? | |
| How do you rate Excellent | □ 6000 | | | |
| Excellent | | treatment services a | t the hospital? | valled |
| Excellent How do you rate Excellent | the emergency | treatment services a Average harges at this hospit | ☐ Poor ☐ Not a | valled |
| How do you rate Excellent How do you rate Excellent What is your over | the emergency Good the treatment of Good erall opinion abo | ☐ Average harges at this hospit ☐ Average out the hospital? | □ Poor □ Not a | vailed |
| How do you rate Excellent How do you rate Excellent How do you rate Excellent What is your ove Excellent | the emergency Good the treatment of Good erall opinion abo | ☐ Average harges at this hospit ☐ Average | □ Poor □ Not a | vailed |
| How do you rate Excellent How do you rate Excellent What is your over | the emergency Good the treatment of Good erall opinion abo | ☐ Average harges at this hospit ☐ Average out the hospital? | □ Poor □ Not a | valled |

| PIN | DE | PARTMENT OF | F CONSERV | ATIVE DENTISTRY AND |
|------------------|-------------------------|---------------------------|------------------------------|---------------------------------|
| | | PATIE | NT FEEDBAC | к |
| To provide p | atient friendly f | acilities in the ho | spital, we need | d your valuable feedback & |
| Name of Patient | : Kakshu | ů | | |
| Age/Gender | : 32 F | | | |
| Address | : Gollard | hatly , Ban 15 0236 | galone | |
| Phone No | : 97420 | 15 0236 | ų. | |
| OP No | : 23090 | | | |
| Email ID | : - | | | |
| | the information □-65od | given at the Rec | eption Counte | r? Poor |
| How do you rate | your reception | by oral health car | re providers du | uring your first visit as a |
| patient? | € Good | ☐ Aven | 0.457 | Poor |
| How do you rate | the overall clea | anliness of the de | partment and tage | he facilities provided? Poor |
| How do you rate | your experience | e during a subsec | quent visit to ti age 🗀 i | ne department? Poor |
| How do you rate | the treatment s | services provided | at the departm age 🖂 l | eent? Poor |
| How do you rate | the emergency | treatment service Average | es at the hospi | tal? Not availed |
| How do you rate | the treatment | charges at this ho | spital? sge 🗆 F | Poor |
| What is your ove | erali opinion ab | out the hospital? | nge 🗆 F | Poor |
| Suggestions (if | any) | | | |
| white | | | | |
| Signature of Pat | tient | | | Date: 21/10/23 . |

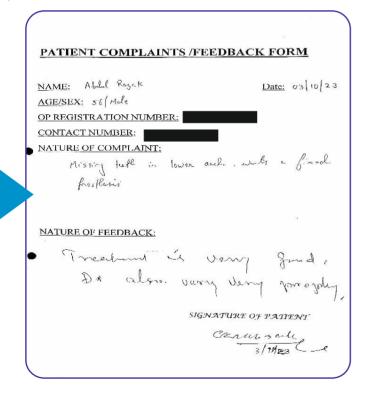
| (PT) | DE | | CONSERVA | TIVE DENTISTRY AND S |
|------------------------------|-----------------------------|----------------------------------|-------------------------|-------------------------------|
| DATE | | PATIE | NT FEEDBACK | |
| To provide p | atient friendly (| acilities in the hor suggesti | | your valuable feedback & |
| Name of Patient | : Pratur | thi | | |
| Age/Gender | : 30/Fe | | | |
| Address | : Bango | dore Ulla | l | |
| Phone No | : 9880 | llore, Ulla 743777 | | |
| OP No | : 23072 | | | |
| Email ID | : - | | | |
| How do you rate | the information | given at the Rec | | |
| | your reception | by oral health car | e providers du | ring your first visit as a |
| patient? | □ Good | ☐ Avera | ige 🗆 P | oor |
| How do you rate | the overall clea ≝⊐ Good | inliness of the dep | partment and thinge 🗆 P | e facilities provided? oor |
| How do you rate | your experienc ☐ Good | e during a subset | quent visit to the | e department? oor |
| How do you rate | the treatment s | ervices provided | at the departme | ont? |
| How do you rate Excellent | the emergency | treatment service | s at the hospita | II? Not availed |
| | the treatment o | charges at this hor | | oor |
| How do you rate | | and the benefit 12 | | oor |
| | rall opinion abo | Avera | ge LIP | |
| ☐ Excellent What is your ove | ☑ Good | | ige 🗆 P | |

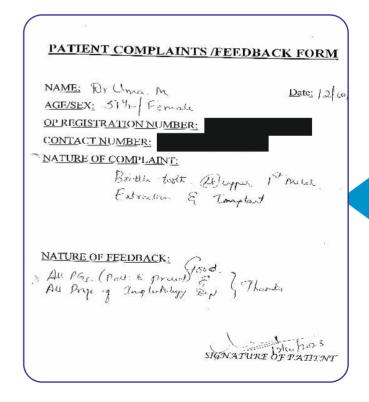
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS





DEPARTMENT OF IMPLANTOLOGY







RajaRajeswari Dental College and Hospital, Bengaluru