

RajaRajeswari Dental College & Hospital

NEWSLETTER



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

An alumni meet was conducted by the Department of Oral Medicine and Radiology on 11.03.2024 between 9.30 am to 10.15 am. The event was conducted in online platform (Zoom meeting). The topic of the alumni meet was "Dentistry in USA". The speaker for the day was our former PG student, Dr Sanjana Ravindra., who pursued Advanced Clinical Training in Endodontics at UCLA School of Dentistry and currently working at Camarena Health, California. The presenter talked about different courses in USA for a dentist like DDS/DMD which is equivalent to BDS/MDS in India, working as a faculty dentist, Practising as a dentist in Minnesota and pursuing MS /residency in the specialization and also about Advanced clinical training program. She mentioned that all the courses are 2- 3years program and also the practice is limited to few states in USA. She also highlighted on dental equipment which are used in USA and how it is different from the instruments used in India. Following the presentation there was a Q & A session to address the queries of the audience. The event was attended by faculty, postgraduate students and interns and was successful in imparting knowledge on the above-mentioned topic.









DEPARTMENT OF PUBLIC HEALTH DENTISTRY

NATIONAL DENTIST DAY 2024

In observation of NATIONAL DENTIST DAY 2024 an oral health screening and dental treatment camp was conducted for the benefit of the students of Govt. Higher Primary School at Bangrappa nagara by Department of Public Health Dentistry in association with Rotary clubs of RR nagar/Platinum city and Centennial on 6th March 2024 from 9 AM to 2PM.

A total of 276 students including their parents and teachers of the school were screened. 49 were given dental treatment and appropriate referrals were made to RRDCH for further treatment.

Oral health education was imparted and distribution of free toothpastes was carried out amongst the students.







WORLD ORAL HEALTH DAY 2024

On the occasion of WORLD ORAL HEALTH DAY (21st March 2024), the Department of Public Health dentistry organized a workshop at RRDCH.

The workshop was conducted on the Topic-Tobacco Deaddiction Strategies by the Speaker – DR. NILAM GADA (Tobacco cessation Specialist). The importance of event was emphasized to the First year BDS students, Interns and Faculty of RRDCH.

Welcome address was given by Dr Shweta Somasundara Y. The Principal, Dr. Girish H.C spoke on the importance of the occasion.

The event was well received by the audience including Faculty, Interns and Undergraduate students of RRDCH.







CASE OF THE MONTH

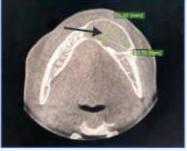
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

PERIPHERAL AMELOBLASTOMA INVOLVING ANTERIOR MANDIBLE



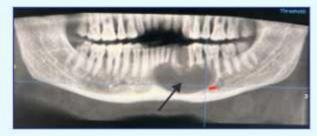






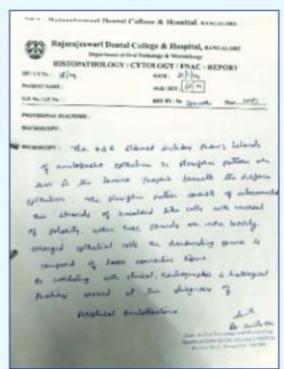
A male patient reported to the department with the complaint of growth in the lower front tooth region since 3 years. Growth was initially smaller in size which gradually increased to the present size and it bleeds while brushing. On lymph node examination, bilateral submandibular lymph nodes measuring about 1x1 cm on right side and 2x2 cm on left side, circular in shape, mobile, firm to hard in consistency & non-tender. On intra oral examination, solitary diffuse exophytic growth present on lingual aspect of 33, 34, 35 measuring about 2 x 3cm. Surface over growth appears granular with pink to red in colour with indentations of teeth. On palpation, growth is non tender, firm to hard in consistency with expansion of buccal and lingual cortical plate from 31 to 35 region & also bleeding was present on stimulus. On soft tissue examination smoker's palate and smoker's melanosis were present. Based on clinical findings, a provisional diagnosis of pyogenic granuloma i.r.t 34, 35 region was given and differential diagnosis of central giant cell granuloma, malignant ameloblastoma and intra osseous carcinoma were considered.

PERIPHERAL AMELOBLASTOMA INVOLVING ANTERIOR MANDIBLE





Patient was advised to take CBCT of mandible which revealed a well-defined unilocular radiolucency present on the left side of mandible measuring about 42.7 x 21.2mm. Internal structure is completely radiolucent with thin septae & crenation present on the lingual aspect of mandible i.r.t 33, 34 region. Expansion and thinning of buccal and lingual cortical plate with perforation of buccal cortex i.r.t 33 region and labial and lingual cortex i.r.t 31, 41 region € there is involvement of mental nerve. Root resorption present i.r.t 41, 31, 32, 33, 34, 35, mesial root of 36. Based on the radiographic features, radiographic differential diagnosis of central giant cell granuloma and ameloblastoma was considered. Routine blood examination results were found to be within normal limits. FNAC was done and sent for histopathological examination. Histopathological examination revealed islands of ameloblastic epithelium in plexiform pattern in the lamina propria beneath the surface epithelium, plexiform pattern consists of interconnected thin strands of basaloid like cells with reversal of polarity within these strands are more loosely arranged epithelial cells. On correlating with clinical, radiographic & histological features we arrived at the diagnosis of peripheral ameloblastoma involving anterior mandible.



DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

REHABILITATION OF MAXILLARY MOLAR (SHORT CLINICAL CROWN) WITH FULL VENEER RESTORATION AFTER CROWN LENGTHENING PROCEDURE.



Pre operative photograph Evaluation of crown height done



Crown lengthening done w.r.t 27



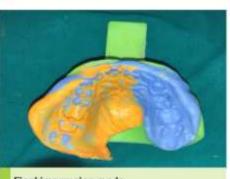
Temporization done after crown lengthening



Tooth preparation done w.r.t 27



Temporization done after crown lengthening

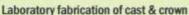


Final impression made

RRDCH NEWSTADTUTER MARCH 2024 EDITION









Final prosthesis

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

MID FACE TRAUMA



Preoperative radiograph





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Exposed fracture site

unconsciousness, vomiting or bleeding from his nose. Clinical examination and radiographic analysis revealed right zygomatico-maxillary complex fracture with orbital floor fracture. All the routine blood investigations were done. The surgery was done under general anaesthesia. Nasal intubation was done for induction of GA. Patient underwent open reduction and internal fixation. The fractures were stabilized using titanium mini plates and screws at the infra orbital region, zygomatic buttress and FZ region. Orbital floor reconstruction was done using reconstruction mesh. The site was closed with 3-0 vicryl and prolene. 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.

A 20 year-old male patient reported to RRMCH casualty with a history of road traffic accident. There was no history of



Fixation of fracture with plate and screws





Post-operative radiograph



DEPARTMENT OF PERIODONTOLOGY

VESTIBULOPLASTY USING PRF MEMBRANE





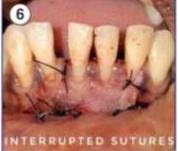




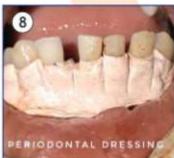
Vestibuloplasty is a mucogingival procedure that aims to increase the vestibule and the amount of keratinized tissue (KT) around teeth and dental implants. Currently, the gold standard in this procedure is still represented by free gingival grafts (FGGs); however, they require a second surgical site, which means more morbidity for the patient and a higher risk of surgical complications, as well as surgical time and chromatic alteration of the recipient area. This is a description of the vestibuloplasty technique with platelet-rich fibrin (PRF) in a 35-year-old female patient with a thin gingival phenotype and no significant medical history. The use of PRF as a graft biomaterial in vestibuloplasty is a valid and effective option as an alternative to secondary epithelialization of the surgical site, as well as to FGGs, with acceptable results in terms of KT gain and root coverage, and with minimal postoperative discomfort.











DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

A patient aged 8 years reported to the Department of Paediatric and Preventive Dentistry, Rajarajeswari Dental College and Hospital with a chief complaint of pain and discomfort in the lower left back tooth region since 1 week. Patient gave history of occasional dull aching pain which aggravated on mastication and relieved after some time with no other associated symptoms. Extraoral examination showed no abnormality. Intraoral examination revealed pulpally involved 36 with loss of crown structure which was tender on percussion. Other dental findings include Ellis class II fracture irt 11, grossly decayed 74 and dental caries irt 54,55,64,85, exfoliated irt 75,84, previously endodontically treated 46. Intraoral periapical radiograph irt 36 revealed loss of enamel and dentin with radiolucency involving coronal pulp in the crown with break in the continuity of lamina dura with open apices and presence of radiolucency suggestive of acute periapical abscess.

FIGURE 1 – Intraoral image showing pulpally involved lower left first mandibular molar (36)





FIGURE 3 – Intraoral image showing crown cementation irt 36, 46



FIGURE 2 - Intraoral image showing Ellis class II fracture irt 11



FIGURE 4 – Intraoral image showing composite build- up done irt 11

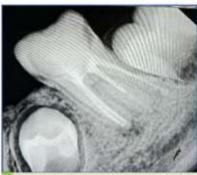
RRDCH NEWSTETTTER MARCH 2024 EDITION

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Oral hygiene status was fair. The case was discussed and considering the age of the patient apexification followed by a stainless-steel crown with 36 was planned. Parent's consent was obtained and apexification with MTA followed by conventional root canal therapy was carried out. A stainless-steel crown was cemented after 2 weeks. Full mouth rehabilitation was carried out in the subsequent visits. Patient and parent satisfaction were obtained.



Periapical radiograph showing open apices and periapical radiolucency irt 36



Periapical radiograph showing successful MTA apical seal with obturation irt 36



Post stainless-steel cementation radiograph irt 36

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

MANAGEMENT OF ANTERIOR DISCOLOURED TOOTH

Background: In dentistry, a veneer is a layer of material placed over a tooth. Veneers can improve the aesthetics and function of a smile and protect the tooth's surface from damage.

There are two main types of material used to fabricate a veneer: composite and dental porcelain. A composite veneer may be directly placed (built-up in the mouth), or indirectly fabricated by a dental technician in a dental lab, and later bonded to the tooth, typically using a resin cement. They are commonly used for treatment of adolescent patients who will require a more permanent design once they are fully grown. The lifespan of a composite veneer is approximately four years. In contrast, a porcelain veneer may only be indirectly fabricated. A full veneer crown is described as "a restoration that covers all the coronal tooth surfaces (mesial, distal, facial, lingual and occlusal)". Laminate veneer, on the other hand, is a thin layer that covers only the surface of the tooth and is generally used for aesthetic purposes. These typically have better performance and aesthetics and are less plaque retentive.

Case Report: A 23 year old patient reported to the department seeking treatment. Medical and Dental histories were not significant. Clinical examination revealed discolouration of 21 which is non-vital and white spot lesion of 11. Radiographic examination revealed satisfactory obturation of 21. Hence, laminate veneer was done w.r.t 21 and direct composite restoration w.r.t 11.

Conclusion: Indirect veneers can be safely and reliably employed to treat such cases.



POST-OPERATIVE

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: T******E

AGE/SEX: 15/F

OP.NO: 2******3

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

PROBLEM LIST: Angles Class II division 1 malocclusion.

TREATMENT PLAN: Extraction line of treatment of all first premolars-MBT fixed appliance therapy









DEPARTMENT OF ORAL IMPLANTOLOGY

















A 24 y/o male patient reported to our department with missing maxillary front teeth and wanted implant supported fixed prosthesis.

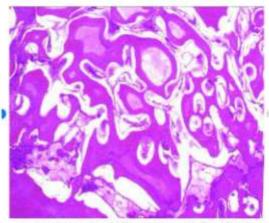
After CBCT evaluation 4 endosseous rootform implants were placed followed by prosthetic rehabilitation after 3 months.



DEPARTMENT OF ORAL PATHOLOGY

COMPLEX ODONTOME

A 50 years old patient complaints of exposed bone in left lower back region since 1 year. He gives history of removal of tooth in his left lower back tooth since 1 year. No signs of extra oral swelling was noted. OPG revealed well defined radiopacity measuring about 1.5x1.5cm placed superiorly on the impacted region of 38. Vertically placed 38 with its occlusal aspect embedded on the body of the mandible and the periapical aspect impinging the lower border of the mandible. Diffuse radiolucency involving enamel, dentin and pulp mesio-occlusal aspect of 37. Based on clinical & radiological features a provisional diagnosis of Complex Odontome was made. Under local anaesthesia excision of lesion was done & subjected to histopathological examination.



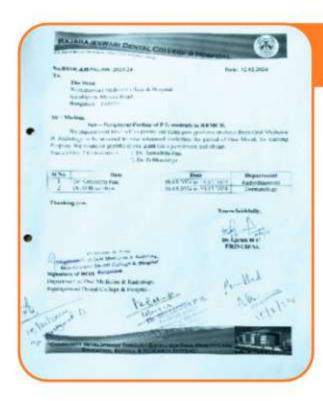
H & E stained section shows features of Complex Odontome. 40X

PUBLICATIONS

TITLE	JOURNAL & ISSUE	AUTHORSHIP
# 10 Page 10 P	TRY	<u>.</u>
Artificial intelegence-A spoke of luck to pediatric dentistry	Journal of Chemical Health Risks Vol 14, issue 2	Dr Amrutha B
Knowledge and Awareness of Various Physical Restraints and Protective Stabilisation Methods: Parent's Perception towards their Use in Children: A Multimedia Pre and Post-test Quasi-experimental Study	Journal Of Clinical Diagnostic Research Vol18 , Issue 2	Dr Umapathy T
ARTMENT OF ORTHODONTICS AND DENTOFACIAL ORT	HOPEDICS	
Robotic Archwire Bending In Orthodontics: A Review of Literature	The Open Access Journal For New Generation Of Doctore, Researchers And Patients.March 202	Dr. Siddharth Arya Dr. Shwetha G S
ARTMENT OF PUBLIC HEALTH DENTISTRY		
Oral Health Status and Treatment Needs among Patients with Oral Potentially Malignant Disorders – A Cross-sectional Study	Journal of Indian Association of Public Health Dentistry Volume 22 Issue 1	Dr. Padma K Bhat Dr. Jayachandra M.Y
	ARTMENT OF PEDODONTICS AND PREVENTIVE DENTIS Artificial intelegence-A spoke of luck to pediatric dentistry Knowledge and Awareness of Various Physical Restraints and Protective Stabilisation Methods: Parent's Perception towards their Use in Children: A Multimedia Pre and Post-test Quasi-experimental Study ARTMENT OF ORTHODONTICS AND DENTOFACIAL ORT Robotic Archwire Bending In Orthodontics: A Review of Literature ARTMENT OF PUBLIC HEALTH DENTISTRY Oral Health Status and Treatment Needs among Patients with	ARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY Artificial intelegence-A spoke of luck to pediatric dentistry Knowledge and Awareness of Various Physical Restraints and Protective Stabilisation Methods: Parent's Perception towards their Use in Children: A Multimedia Pre and Post-test Quasi-experimental Study ARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS Robotic Archwire Bending In Orthodontics: A Review of Literature AREVIEW OF LITERALTH DENTISTRY Oral Health Status and Treatment Needs among Patients with Oral Potentially Malignant Disorders – A Cross-sectional Study Journal of Chemical Health Risks Vol 14, issue 2 Journal Of Clinical Diagnostic Research Vol18, Issue 2 The Open Access Journal For New Generation Of Doctore, Researchers And Patients.March 202 ARTMENT OF PUBLIC HEALTH DENTISTRY Oral Health Status and Treatment Needs among Patients with Oral Potentially Malignant Disorders – A Cross-sectional Study

BOOK PUBLICATIONS

Sl. No.	TITLE	PUBLISHER	ISSUE
DEP	ARTMENT OF PERIODONTOLOGY		
1.	Two way relationship between systemic health and periodontal disease. A Clinician's Guide	E-Book Scholars' Press publication	Dr. Krishna Kripal Dr. Nalini M.S



MEMORANDUM OF UNDERSTANDING



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

A MoU has been signed between RRDCH and RRMCH for Peripheral postings in the Department of Radiodiagnosis from 1.03.2024 to 15.03.2024 and Dermatology from 16.03.2024 to 30.03.2024 for the post graduate students of our department. Dr Samadrita Paul and Dr Bhavishya D were posted in the departments for duration of 1 month.

FACULTY AWARDS



DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE



Staff nurse, Mrs Somini Lovelichen was Honoured for her exemplary services at RRDCH on March 18, on the account of Woman's Day



DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY



On occasion of Women's day celebration, Antakshari competition inter college of RRGI group.

- Dr. Jaya AR
- Dr. Somya Sinha
- · Dr. Prateeksha S



RRDCH NEWSLETTTER MARCH 2024 EDITION

PROGRAM	VENUE	CONTEST	PARTICIPATION		
International Women's Day 2024	Rajarajeswari Medical College and Hospital	In Recognition of Exemplary Service	Dr. Aruna C.N		
Mega Health Check Up and Treatment	Rajarajeswari Dental College and Hospital	Certificate of Appreciation by Rotary Club, Bangalore	Department of Public Health Dentistry		

OUTREACH PROGRAM

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

'Dhanthabhagya Yojane Free Denture Camp' under National Oral Health Policy scheme organized by Channapatna District general hospital on 20th, 22nd, 27th of feb @ 4th of March 2024. On 4th of March the team delivered 55 complete dentures @ 19 RPD.

















DEPARTMENT OF PUBLIC HEALTH DENTISTRY

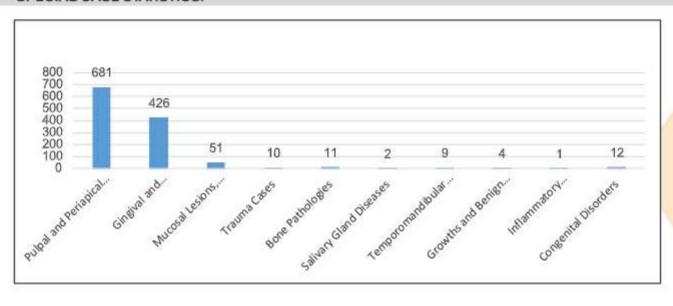
Sl. No.	DATE	PLACE OF CAMP CONDUCTED
1.	01/03/2024	Nirashritara Parihara Kendra
2.	02/03/2024 @ 03/03/2024	Ambur, Tamil Nadu
3.	06/03/2024	Bangarappa Nagar, RR Nagar
4.	09/03/2024 & 10/03/2024	Ambur, Tamil Nadu
5.	15/03/2024	Nirashritara Parihara Kendra
6.	15/03/2024 & 16/03/2024	Ambur, Tamil Nadu
7.	21/03/2024	Govt Higher Primary School, Gollahalli

OPD STATISTICS

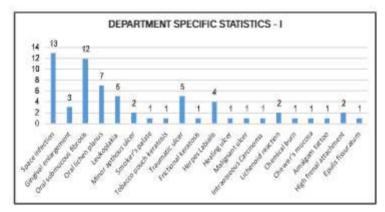
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

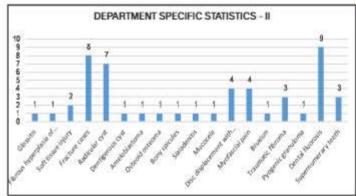
New Cases	Old Cases	Total Cases	Patients per day
6738	6815	13553	535

SPECIAL CASE STATISTICS:



DEPARTMENT SPECIFIC STATISTICS:





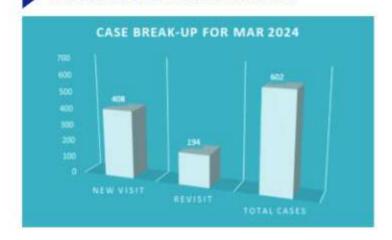
DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

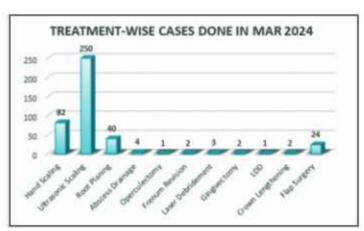
Total no of working days:	Total no of Cases treated:	New	Revisited	
23	1417	379	1038	

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Total Cases	PG Cases	UG Cases	Major OT
2264	820	780	2

DEPARTMENT OF PERIODONTOLOGY





DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Statistics for the month MARCH 2024

MARCH	
Total	1479
Scaling	118
Topical fluoride	104
Pit and fissure sealants	118
G.I.C.	148
Amalgam	12
Composite	98
I.P.C	36
D.P.C	21
Pulp Therapy	102

RCT	70
Extraction	102
Space Maintainer	26
Minor orthodontics	06
Apexification	06
Stainless steel crown- Primary	76
Stainless steel crown- Permanent	24
Strip Crowns	10
Traumatic Injuries splinting	02
Minor surgical procedures	03
	_

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS (OPD STATISTICS)

STATISTICS FOR THE YEAR 2024							
MONTH	No of working days	New visit	Re visit	Total	Average		
MARCH	24	1149	1015	2164	90		

UG STATISTICS FOR THE YEAR 2024								
MONTH TOTAL NO OF CASES AMALGAM COMPOSITE GIC TF								
MARCH	86	36	15	32	32			

	PG STATISTICS FOR THE YEAR 2024									
MONTH	TOTAL NO OF CASES	AMAL GAM	COMP OSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
MARCH	738	34	174	39	310	21	10	01	00	00

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

MONETH	C	PD	TYYPAT
MONTH	NEW	REVISIT	TOTAL
MARCH 2024	899	1374	2273

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

		FROM OUT	DOOR ACTIVIT	IES	
MONTH	NO. OF DENTAL CAMPS	DENTAL CAMPS- NO OF CASES	PRIMARY HEALTH CENTER (URBAN) Chunchunkuppe	PRIMARY HEALTH CENTER (URBAN) Channasandra	TOTAL NO OF CASES IN CAMPS
MARCH	7	758	101	134	993

OPD FEBRUARY MONTH STATISTICS					
MONTH	TOTAL NO OF CASES				
MARCH	209				

SL.NO	TREATMENT DONE	NUMBER OF PATIENTS
1.	Extraction	1
2.	Restoration	20
3.	Oral prophylaxis	73
4.	Pit and fissure sealant	2
5.	Fluoride	7
6.	Health Education	106
7.	Tobacco cessation counselling	7
	TOTAL	216

DEPARTMENT OF ORAL IMPLANTOLOGY

	STATISTICS FOR THE MONTH OF MARCH 2024						
MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT			
FEBRUARY	13	45	42	NIL			

DEPARTMENT OF ORAL PATHOLOGY

OPD MARCH MONTH STATISTICS: 450

INTER DEPARTMENT MEET

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY



INTERDEPARTMENTAL CLINICAL MEET
CONDUCTED BY DEPARTMENT OF PEDODONTICS.

Student Corner



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Experience shared by postgraduate students about peripheral postings in RRMCH

We, Dr Samadrita Paul & Dr D Bhavishya., third year post graduate students of Oral Medicine and Radiology at RRDCH had a compulsory one month posting at RRMCH which consisted of 15 days Dermatology and 15 days Radio-diagnosis postings. During this one-month tenure, we had exposure of various oral and cutaneous diseases and various treatment modalities for the same. We also had an exposure to advanced radiographic modalities like CT, MRI & USG. All these has given us a new experience which is quite satisfactory.



PATIENT FEEDBACK

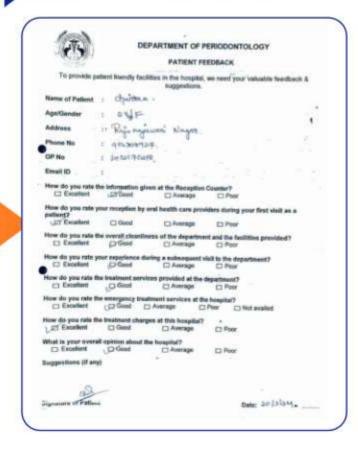
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

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AGE/SEX: GRIP		
OP REGISTRATION NUMBI	ER: 2509(408)	
CONTACT NUMBER 9585	70944 <u>2</u> -	
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#		
NATURE OF FEEDBACK:	4 4 4 4 6 4	. la ac
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explained the procedure	N. W. Carriel	

DEPARTMENT OF PERIODONTOLOGY



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Dy Excellent	□ Good	(2) Average	☐ Feer	
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What is your even	all opinion about	the hospital?	C) Peer	
Suggestions (if an	97			
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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



414	DE	PARTMENT OF CO	NSERVATIVE DENT DONTICS	ISTRY AND
		PATIENT FE	EDBACK	
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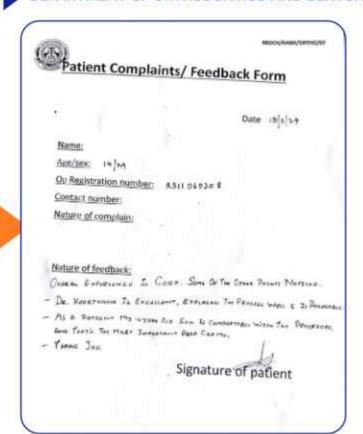
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

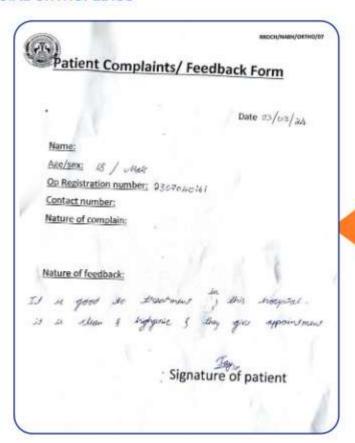
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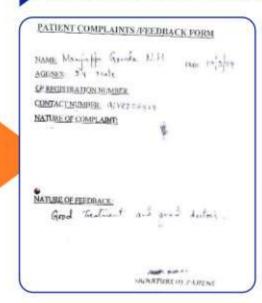


DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

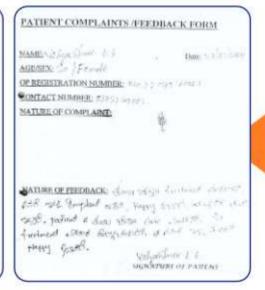




DEPARTMENT OF IMPLANTOLOGY









RajaRajeswari Dental College and Hospital, Bengaluru