



APRIL 2024 EDITION

RajaRajeswari Dental College & Hospital

NEWSLETTER

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

On the occasion of birth centenary celebration of **Prof. Dr B.K. Venkataraman** (Father of Oral Medicine and Radiology) and National Oral Medicine and Radiology Day 2024, RRDCH in association with GDCRI Alumni Association and IAOMR, Karnataka State branch conducted a CDE programme on 24th April 2024. A total of 97 participants including faculty, undergraduates and postgraduates attended the program. Many stalwarts in the celluloid of dentistry attended the programme which made it even more significant.

Topic of the CDE programme was **"Mucocutaneous disorders- Perspectives of Oral Physicians & Dermatologists"**. Speakers of the Scientific session was **Dr. Ashok L.**, Vice Principal, Prof & Head, Bapuji Dental College & Hospital, Davangere who enlightened the audience with common oral mucosal lesions like lichen planus and its different management aspects and he also shared the feedback of his patient, who wrote a letter to principal about her good treatment experience of long-standing oral lichen planus. **Dr Priya Sharat.**, Professor, RRMCH, Bangalore, the other speaker of the day, explained about the dermatologist aspects of treatment for common mucocutaneous lesions. The enlightening and enriching session by the speakers gave the future dentist a new perspective in dentistry specifically about oral medicine and radiology which made this event a grand success. Following the presentation there was a **Q & A session** to address the queries of the audience.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

WORLD HEALTH DAY CELEBRATIONS

On the Occasion of World Health Day on 08th of April 2024, the **Department of Public Health Dentistry** organized a CDE Program at RRDCH:

- Introduction to the Event was given by **Dr. Prasanna Kumar Y S** – Professor Department of Public health Dentistry.

Talk on **"My Health, My Right"**

- By- **Dr. Rajeev B.R** Institute of Public Health, Bangalore. He spoke on the Fundamental Rights towards Health and elaborated on Policy Making and Health Law.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Significance of the World Health Day event and memento was gifted to the speaker by Principal, Dr. Girish H.C and Vote of Thanks was delivered by Dr Aruna C.N -Head of Department of Public Health Dentistry.



CASE OF THE MONTH

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COMPLEX ODONTOMA IN RELATION TO 38

A male patient reported to the Department of Oral Medicine and Radiology with the chief complaint of unhealed area after removal of left lower back tooth 1 year back. After tooth removal, he noticed changes in the gums and it was not associated with any symptoms. He visited Government Hospital, Ramanagar, for the same complaint 2 days back, where clinical examination was performed and he was referred to RRDCH for further evaluation. On clinical examination, partially erupted tooth i.r.t 38 with pericoronal flap present over the distal surface of the crown, which was non-erythematous and non-tender on palpation and missing tooth i.r.t 37. Based on clinical findings, impacted tooth in relation to 38 was given.

OPG brought by the patient and then CBCT done at RRDCH revealed a well-defined radiopacity present at the pericoronal aspect of impacted 38 measuring about 1.5x1.5 cm with surrounding radiolucent rim. Impacted tooth is pushed inferiorly with crown located near mandibular nerve canal and roots lie below the nerve canal near inferior border of mandible. Based on the radiographic features, a radiographic diagnosis of vertical impaction with complex odontoma i.r.t 38 was given. Coronectomy was performed and histopathology report revealed it to be a complex odontoma. Post operative OPG was taken after 15 days which revealed new bone formation i.e iso-dense area from the periphery of the excised lesion.



DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

**REHABILITATION OF COMPLETELY EDENTULOUS MOUTH WITH RESORBED RIDGES
USING NEUTRAL ZONE TECHNIQUE**



Pre-operative photograph



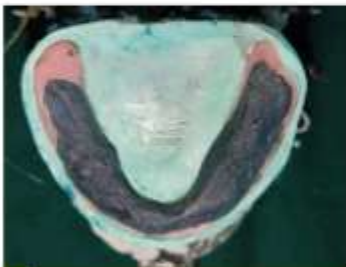
Intra oral photograph: Resorbed mandibular ridge



Primary impression:
Mandibular impression made in admixed technique



Jaw relation recorded



Recording of neutral zone done wrt mandibular arch



Putty index of the neutral zone and fabrication of occlusal rim



Try-in of denture



Arrangement of teeth in
the neutral zone



Final insertion of the prosthesis



Post insertion photograph

▶ DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

MANDIBULAR TRAUMA

A 65-year-old female patient reported to RRMCH casualty with a history of road traffic accident. There was no history of unconsciousness, vomiting or bleeding from her nose. On clinical examination deranged occlusion was observed. Clinical examination and radiographic analysis revealed right angle and left parasymphysis fracture of mandible. All the routine blood investigations were done. Procedure was carried out 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 fracture site. The intra oral site was closed with 3-0 vicryl and extra oral sites using ethilon sutures. 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 radiograph



Deranged occlusion



Post-operative Radiograph

▶ DEPARTMENT OF PERIODONTOLOGY

LASER ASSISTED POLYP EXCISION

Gingival polyps are also known as, localized gingival enlargement or epulis. They merely represent a reactive hyperplasia of fibrous connective tissue in response of trauma or irritation. The primary reason for the occurrence of gingival polyp is attributed to local factors such as caries, overhanging margin, calculus and tooth malposition. Gingival polyps can grow in the proximal tooth cavity near the gum area such as a Class II cavity. A 24-year old male patient reported with the complaint of pain in the left upper back tooth region since 10 days. On clinical examination, a gingival polyp was observed in proximal region of tooth no. 26 on the mesial aspect. After administration of local anaesthesia, a diode laser was used to excise the gingival polyp followed by commencement of endodontic therapy and temporary restoration was given. Antibiotics and analgesics were also prescribed.



1. Pre-operative



2. Post- Excision



3. Temporary restoration placed

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

SUCCESSFUL SURGICAL MANAGEMENT OF PAEDIATRIC NON-SYNDROMIC PATIENT WITH MULTIPLE IMPACTED SUPERNUMERARY TEETH IN MAXILLA USING ADVANCED DIAGNOSTIC TECHNIQUE – A CASE REPORT.

A 09 year old female child presented to Department of Paediatric and Preventive Dentistry with a complaint of unerupted upper anterior teeth affecting aesthetics and normal function and gives history of exfoliation of primary teeth at the age of 6 years. The patient had no significant medical and family history. Clinical examination revealed mixed dentition with unerupted bilateral central and right lateral incisors (fig.1). Preliminary diagnostic investigations such as, maxillary occlusal radiograph and IOPAR were advised which revealed impacted maxillary permanent teeth and supernumerary teeth. Further in order to accurately diagnose the total number and location of supernumerary teeth advanced diagnostic technique CBCT was advised, which confirmed two supernumerary teeth close to 11 and one supernumerary tooth close to 21 which interrupted with the eruption of permanent incisors (fig.2). Surgical extraction of supernumerary teeth was planned.

After parent consent was obtained, under local anaesthesia buccal and palatal flaps were reflected conservatively considering the presence of permanent teeth and other anatomical structures (fig.3). During the procedure after the removal of three supernumerary teeth, the fourth supernumerary tooth which was superimposed was identified and extracted (fig.4). The flaps were sutured and post-operative instructions were given.

The patient was recalled after 7 days for suture removal. Sutures were removed and uneventful healing was noticed. Patient was also recalled for further follow-up at regular intervals to monitor the spontaneous eruption of impacted maxillary bilateral central and right lateral incisors. On the 14th day partial eruption of 12 was noticed.



Fig 1. Intraoral examination revealing unerupted maxillary incisors

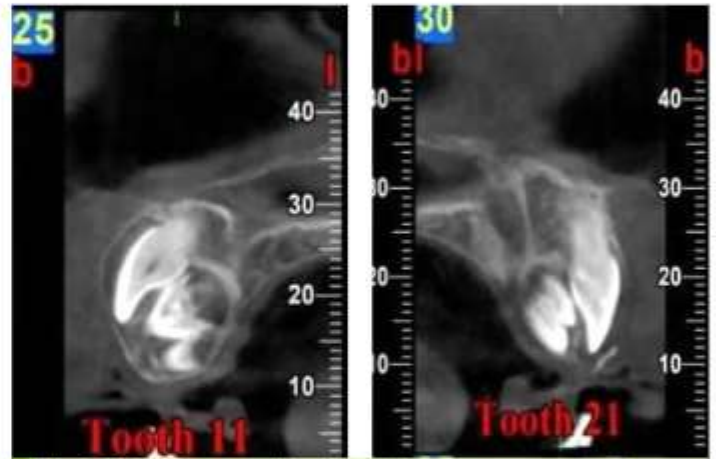


Fig 2. CBCT image revealing developing supernumerary teeth in relation to 11 and 21

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

FRAGMENT REATTACHMENT

BACKGROUND: Trauma can lead to severe pain and loss of tooth structure that can lead to severe discomfort and loss of aesthetics. Finding various treatment options to handle both pain and aesthetics is a good avenue to explore. Fragment reattachment is one such option using the patient's own biological tissue.

CASE: A 50 year old female patient reported to the department of Conservative Dentistry & Endodontics in the month of March of 2024 with the chief complaint of a mobile 11 after experiencing a blunt trauma. On examination, the fragment was found to be fractured at the cervical third of the radicular portion.



PRE - OPERATIVE

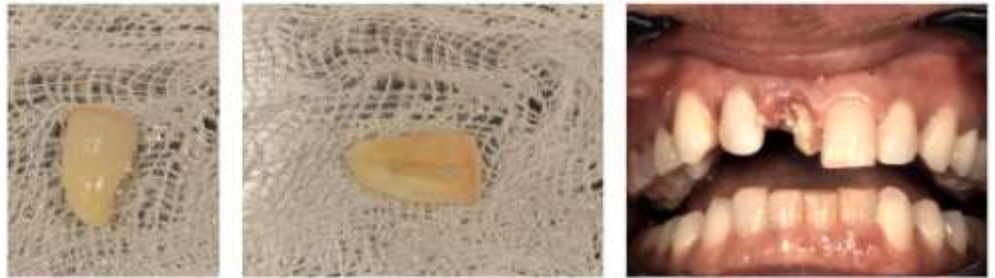


DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Subsequently, the fragment was extracted atraumatically and preserved immediately. Root canal treatment was performed in the remaining fragment. The flap over the tooth of concern was raised to visualize the fracture line and reattachment procedure was performed. The flap was sutured back and healing on the one week follow up was found to be satisfactory.

CONCLUSION: Fragment reattachment in an indicated case is a treatment option that can be opted to restore the aesthetics of a patient having undergone recent trauma.

ATRAUMATIC EXTRACTION OF THE MOBILE FRAGMENT



FLAP REFLECTION FOR VISUALIZATION OF THE FRACTURE LINE



REATTACHMENT OF THE FRAGMENT



APPROXIMATION OF THE INCISIONS



HEALING AFTER ONE WEEK



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: P***A

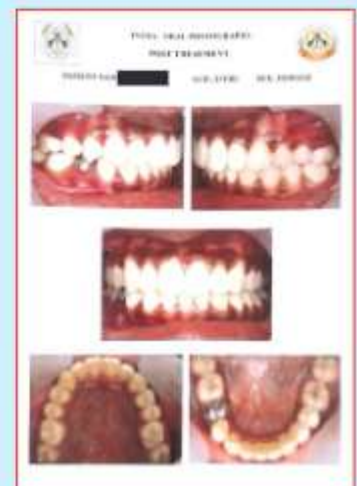
AGE/SEX: 18/F

OP.NO: 2*****3

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

PROBLEM LIST: Angles Class 1 malocclusion.

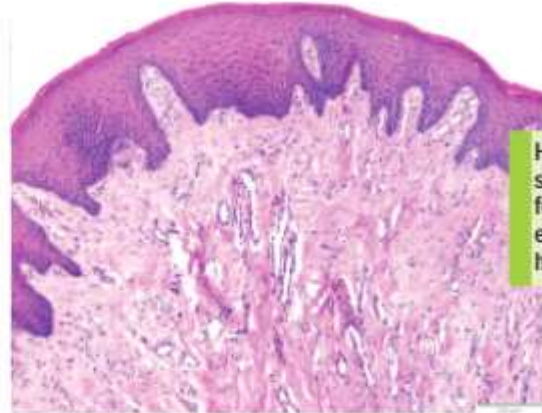
TREATMENT PLAN: Non Extraction line of treatment-MBT fixed appliance therapy



DEPARTMENT OF ORAL PATHOLOGY

FIBRO-EPITHELIAL HYPERPLASIA

A 37 year old male patient came with a chief complaint of growth on the left side of mouth. On clinical examination proliferative growth was evident on the left side involving the left buccal mucosa, left GBS, extending till the retro molar area, distal to 38 having pseudo membrane; firm to hard in consistency & tender on palpation. Based on clinical findings a provisional diagnosis of Pyogenic granuloma was made. Incisional biopsy was taken and microscopic findings revealed features of Fibro-epithelial hyperplasia.



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

PUBLICATIONS

Sl. No.	TITLE	JOURNAL & ISSUE	AUTHORSHIP
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY			
1.	Artificial intelligence- A spoke of luck to paediatric dentistry	Journal of Chemical Health Risks 2024; 14(2): 666-672	<ul style="list-style-type: none"> • Dr Amrutha B • Dr Vignesh R • Dr M B Sowbhagya • Dr Rohith A Babu
2.	The Prevalence of Dental Malocclusions among cleft lip and palate patients	Journal of Indian Academy of Oral Medicine and Radiology 2024; 36: 18-21.	• Dr Sowbhagya M B
3.	Chondroid lipoma – A rare variant of lipoma	Journal of Clinical and Diagnostic Research 2024; 18(4): ZD01- ZD03.	<ul style="list-style-type: none"> • Dr Samadrita Paul • Dr Balaji P • Dr Varsha V K • Dr Poornima C
DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY			
1.	Bio-smart materials in dentistry: A modern approach to materials and review	Journal of chemical health risks Vol 14, Issue 1	<ul style="list-style-type: none"> • Dr Meghana .S.B • Dr Aishwarya N
2.	Microbiological evaluation of herbal extracts against Candida albicans in early childhood caries patients: an invitro study.	International journal of pediatric dentistry Vol 17, Issue 1	<ul style="list-style-type: none"> • Dr Shakunthala .B.S • Dr Somya Sinha
3.	Assessing the impact of oral health-disorders on the oral health-related quality of life of preschool children and their families: A cross-sectional study	Journal of clinical and diagnostic research Vol 18, Issue 5	• Dr Shakunthala .B.S
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS			
1.	A comparative analysis of arch widths in class I and class II malocclusion: Extraction vs Non- Extraction treatment.	Cureus, April 2024, 16 (4)	• Dr Lohith D



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

IAOMR UG State Conference was held at Vokkaligara Sangha Dental College & Hospital, Bangalore on 5th and 6th April 2024 with the theme "Emerging Trends in Therapeutics". Total 16 undergraduate students participated in the conference and scientific sessions held, out of which 5 students were awarded with Best Scientific Paper and 1 student was awarded with Best Poster in the scientific sessions conducted.

List of students who was awarded with Best paper are as follows:

1. Dr Carol Venissa Corda, Intern
2. Sweta Rani, Final year BDS
3. Pavithra S, Final year BDS
4. Pavithra Devi, Final year BDS
5. Juli Kumari, Third year BDS
6. Ambika Shruthi, Third year BDS

List of students who was awarded with Best Poster is as follows:

1. Dr Rohith A Babu, Intern
2. Dr Carol Venissa Corda, Intern



We are proud of their achievement.

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

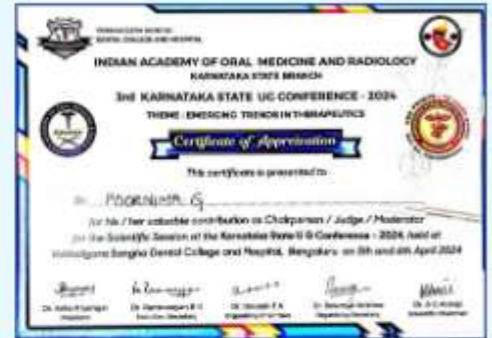
We congratulate Dr. Kiran Akshayaa V & Dr. Rashmi C V, final year Post-Graduate students, Department of Prosthodontics & Crown & Bridge for securing BEST PAPER in Paper Presentation (Research), in IPS 26th National PG Convention, organized by Indian Prosthodontic Society in association with Saveetha Dental College, Chennai on April 5th, 6th, 7th 2024.



INVITED LECTURES

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Dr Poornima C., Professor & Head, Dr Sowbhagya M.B., Professor, Dr Poornima G., Professor, attended the IAOMR UG State Conference held at Vokkaligara Sangha Dental College & Hospital, Bangalore on 5th and 6th April 2024 and they chaired & judged the scientific sessions held in the conference.



OUTREACH PROGRAM

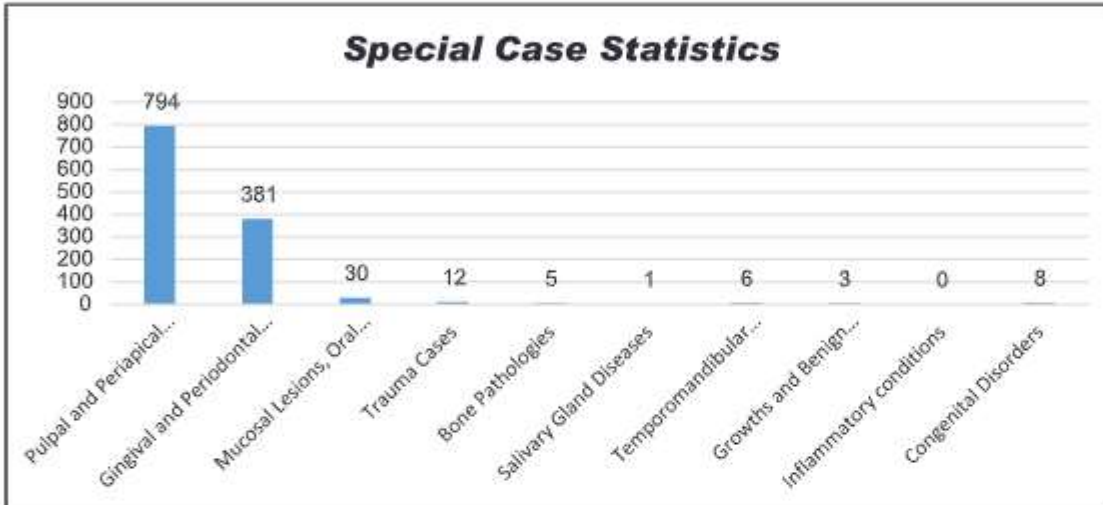
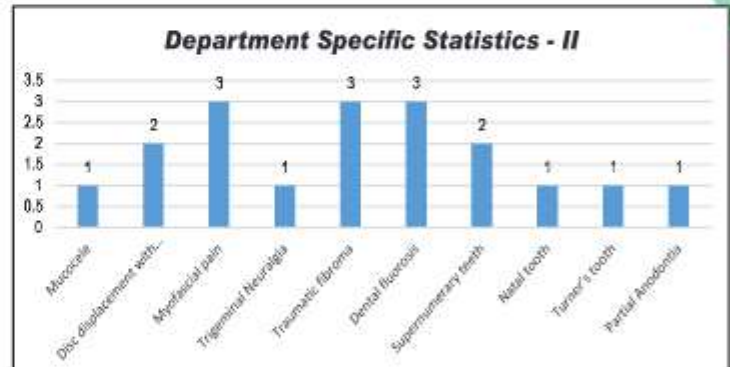
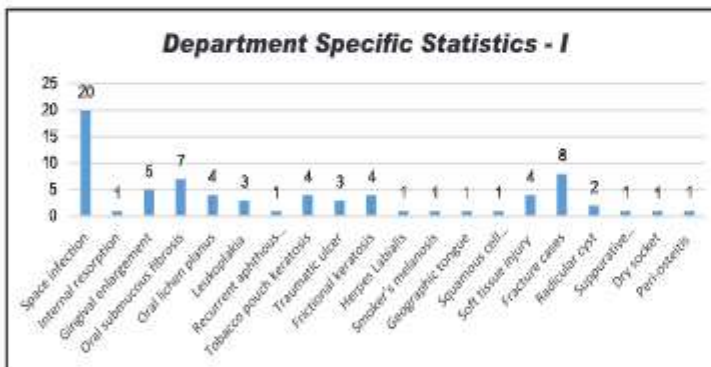
DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Sl. No.	DATE	PLACE OF CAMP CONDUCTED
1.	19/04/2024	Nirashritara Parihara Kendra



OPD STATISTICS
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

New Cases	Old Cases	Total Cases	Patients per day
6718	6725	13443	611

SPECIAL CASE STATISTICS:

DEPARTMENT SPECIFIC STATISTICS:

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

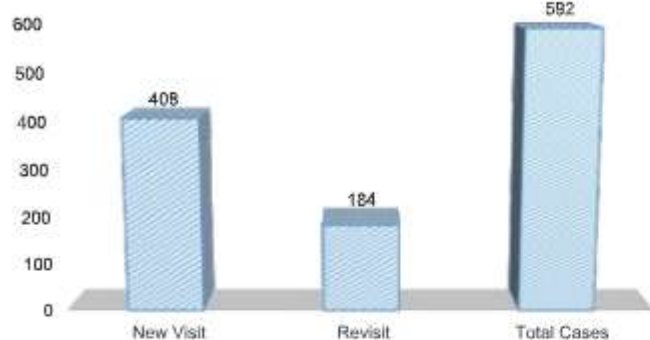
Total no of working days:	Total no of Cases treated:	New	Revisited
22	1195	327	868

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

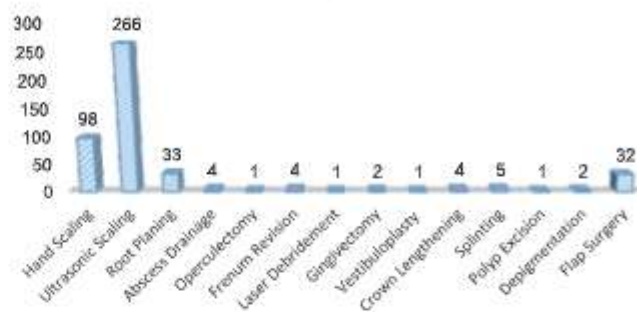
Total Cases	PG Cases	UG Cases	Major OT
2264	832	789	3

DEPARTMENT OF PERIODONTOLOGY

CASE BREAKUP FOR APR 2024



TREATMENT-WISE CASES DONE IN APR 2024



DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Statistics for the month APRIL 2024

APRIL	
Total	1580
Scaling	146
Topical fluoride	120
Pit and fissure sealants	148
G.I.C.	170
Amalgam	10
Composite	115
I.P.C	43
D.P.C	30
Pulp Therapy	118

RCT	86
Extraction	132
Space Maintainer	36
Minor orthodontics	12
Apexification	14
Stainless steel crown- Primary	96
Stainless steel crown- Permanent	37
Strip Crowns	22
Traumatic Injuries splinting	10
Minor surgical procedures	08

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS (OPD STATISTICS)

STATISTICS FOR THE YEAR 2024

MONTH	No of working days	New visit	Re visit	Total	Average
APRIL	24	1271	1089	2360	98

UG STATISTICS FOR THE YEAR 2024

MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	TF
APRIL	170	70	16	51	33

PG STATISTICS FOR THE YEAR 2024

MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
APRIL	785	15	166	103	316	21	15	04	00	01

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

MONTH	OPD		TOTAL
	NEW	REVISIT	
APRIL 2024	878	1302	2180

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

FROM OUTDOOR ACTIVITIES

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
APRIL	1	18	142	131	291

OPD APRIL MONTH STATISTICS

MONTH	TOTAL NO OF CASES
APRIL	223

TREATMENT WISE PATIENT STATISTICS FOR THE MONTH OF APRIL 2024

SL.NO	TREATMENT DONE	NUMBER OF PATIENTS
1.	Extraction	1
2.	Restoration	16
3.	Oral prophylaxis	67
4.	Pit and fissure sealant	6
5.	Fluoride	5
6.	Health Education	128
7.	Tobacco cessation counselling	8
	TOTAL	231

DEPARTMENT OF ORAL IMPLANTOLOGY

STATISTICS FOR THE MONTH OF FEBRUARY 2024

MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT
APRIL	27	35	50	1

DEPARTMENT OF ORAL PATHOLOGY

OPD APRIL MONTH STATISTICS : 424

INTER DEPARTMENT MEET

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Interdepartmental clinical meet was conducted by the Department of Conservative Dentistry And Endodontics on 25-04-2024 on the topic "ULTRA CONSERVATIVE ESTHETIC REHABILITATION OF ANTERIOR TEETH". The presenters were:

- Dr. ANAIDA CLARA ALEX
- Dr. ARVIND B
- Dr. MRINALINI JAICHANDRA
- Dr. SHEETAL KASARGOD
- Dr. KRITHIKA D
- Dr. SRIKAR COMANDUR

FACULTIES AND POSTGRADUATES OF DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



INTRODUCTION:

The ultra-conservative aesthetic rehabilitation of anterior teeth is a meticulous approach to enhancing the appearance of the front teeth while prioritizing the preservation of natural tooth structure. This methodology embraces minimally invasive techniques, such as whitening, bonding, and veneers, to achieve aesthetically pleasing results with minimal disruption to the teeth. By carefully selecting treatments that conserve as much of the original tooth as possible, this approach aims to create a beautifully enhanced smile while maintaining the integrity and health of the patient's dentition.

These advances were dealt briefly and conclusively such that everyone would be benefitted from the program. The procedure to be followed for each type of case was discussed with clinical cases being quoted as examples which were treated in the department.

CONCLUSION:

Ultra conservative aesthetic rehabilitation of anterior teeth offers a balanced approach to enhancing smile aesthetics while prioritizing the preservation of natural tooth structure.

STUDENT CORNER

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

V.S Dental College and Hospital had organized a UG OMR conference on 5th and 6th April 2024. Five interns, 9 final year students and 2 third year students attended the conference. All the students presented either papers or posters while few presented both. Out of the 16 students, 6 students got awards for best paper and 2 students got awards for best poster.

STUDENT CORNER

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

26th IPS PG CONVENTION 2024 SAVEETHA DENTAL COLLEGE, CHENNAI 5TH, 6TH&7TH APRIL 2024



TABLE CLINIC PRESENTATION 1

- **TITLE - BEYOND LABELS: QR Codes Redefining Implant Identification**
- **PRESENTERS** – Dr. N. Sarath Chandra, Dr. Ishita Singh, Dr. Ayesha T. and Dr. Aishwarya Rajendra Borgavi



TABLE CLINIC PRESENTATION 2

- **TITLE-SHADES OF SUCCEESS: Decoding Aesthetics through Shade Selection**
- **PRESENTERS** – Dr. Amruta M., Dr. Kedar S. M., Dr. Rohit Kundu and Dr. Kritika Patni



POSTER PRESENTATION - 1

- **TITLE-HUMAN ROBOT COLLABORATION: Profound Precision in Implant Restoration**
- **PRESENTERS** – Dr. Naik Soumya Suresh, Dr. G. Sushmitha and Dr. Junaid Attar



POSTER PRESENTATION - 2

- **TITLE – Bridging Science and Nature to enhance Implant Stability**
- **PRESENTERS** – Dr. AnujaLugade, Dr. Harshitha and Dr. Chinmayi M. P.

STUDENT CORNER



PAPER PRESENTATION - 1

- **TITLE** - Objective Evaluation of Mastication in Full Mouth Rehabilitation using Kinesiography and Electromyography
- **PRESENTERS** - Dr. Kiran Akshaya V. and Dr. Rashmi C. V.



PAPER PRESENTATION - 2

- **TITLE** - Evaluation of the effect of Curcumin coated Titanium discs on osteoblast cells - An invitro study
- **PRESENTERS** - Dr. Rayeesa Afsareen Khanum and Dr. Manisha Jain

PATIENT FEEDBACK

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

23 patients' feedback were collected and all were positive regarding the services offered by the department except for one patient who had problem with data operator for delay in referring to other departments which will be resolved.

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

PATIENT COMPLAINTS / FEEDBACK FORM

NAME: Suguna DATE: 4/5/24
 AGE/SEX: 67 years Female
 OP REGISTRATION NUMBER: 2309250007
 CONTACT NUMBER: 9105573717
 NATURE OF COMPLAINT:

NATURE OF FEEDBACK:

- నేను నా డాక్టర్‌ను చూడమని కోరుకున్నాను.
 - డాక్టర్‌తో చర్చించాను మరియు నా సమస్యను తెలుసుకున్నాను.

SIGNATURE OF PATIENT

DEPARTMENT OF PERIODONTOLOGY

DEPARTMENT OF PERIODONTOLOGY
 PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient: Shruti
 Age/Gender: 35/F
 Address: Banashankari, Bangalore
 Phone No: 9448097444
 OP No: 2004100118
 Email ID:

How do you rate the information given at the Reception Counter?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor ☐ Not availed

How do you rate the treatment charges at this hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor

Suggestions (if any):

Date: 5/4/24

DEPARTMENT OF PERIODONTOLOGY



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : LOKESH K.S.
Age/Gender : 30
Address : #4 Banashankari 2nd Stage, Bangalore - 560060
Phone No : 9739956866
OP No :
Email ID : Lokesh.hali716@gmail.com
How do you rate the information given at the Reception Counter?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate your reception by oral health care providers during your first visit as a patient?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the overall cleanliness of the department and the facilities provided?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the treatment services provided at the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the emergency treatment services at the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not availed
How do you rate the treatment charges at this hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor
What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor
Suggestions (if any)

Signature of Patient

Date: 18/3/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : GURUJI
Age/Gender : 331 Male
Address : Kugali
Phone No : 9932552437
OP No : 2444018245
Email ID :
How do you rate the information given at the Reception Counter?
☐ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the overall cleanliness of the department and the facilities provided?
☐ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate your experience during a subsequent visit to the department?
☐ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the treatment services provided at the department?
☐ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the emergency treatment services at the hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not availed
How do you rate the treatment charges at this hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor
What is your overall opinion about the hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor
Suggestions (if any)

Signature of Patient

Date: 18/3/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : Susha
Age/Gender : 35/F
Address : Kengeri
Phone No : 900708197
OP No : 240405010
Email ID :
How do you rate the information given at the Reception Counter?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate the overall cleanliness of the department and the facilities provided?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate your experience during a subsequent visit to the department?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate the treatment services provided at the department?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate the emergency treatment services at the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor ☐ Not availed
How do you rate the treatment charges at this hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor
What is your overall opinion about the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor
Suggestions (if any)

Signature of Patient

Date: 19/4/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : Suma
Age/Gender : 42 years / Female
Address : Kumbalagode, Bangalore
Phone No : 9842683601
OP No : 2404190003
Email ID :
How do you rate the information given at the Reception Counter?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate the overall cleanliness of the department and the facilities provided?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor
How do you rate the treatment services provided at the department?
☐ Excellent ☒ Good ☐ Average ☐ Poor
How do you rate the emergency treatment services at the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor ☐ Not availed
How do you rate the treatment charges at this hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor
What is your overall opinion about the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor
Suggestions (if any)

Signature of Patient

Date: 18/4/24

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

RRDCH / NABH / GEN / 04.2

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

PATIENT COMPLAINTS / FEEDBACK FROM

NAME: Tanish DATE: 22/04/24
 AGE/SEX: 9/M OP REGIST NO: 7404230510
 CONTACT NO: 9986715193

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF APPOINTMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT DONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATING DOCTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

COMPLAINT / SUGGESTION: nil

SIGNATURE OF PATIENT: Tanish

RRDCH / NABH / GEN / 04.2

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

PATIENT COMPLAINTS / FEEDBACK FROM

NAME: Nishikhar DATE: 25/05/24
 AGE/SEX: 12/Female OP REGIST NO: 7404230510
 CONTACT NO: 9986715193

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF APPOINTMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT DONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATING DOCTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

COMPLAINT / SUGGESTION: nil

SIGNATURE OF PATIENT: Nishikhar

RRDCH / NABH / GEN / 04.2

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Mouna DATE: 02/04/24
 AGE/SEX: 14 yrs / female OP REGIST NO: 2404020015
 CONTACT NO: 9743645872

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF APPOINTMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT DONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATING DOCTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

COMPLAINT / SUGGESTION: nil

SIGNATURE OF PATIENT: Mouna

PATIENT COMPLAINT / FEEDBACK FORM

NAME: Sahil Raj DATE: 6
 AGE/SEX: 9/M OP REGIST NO: 2404020015
 CONTACT NO: 9743645872

ANY COMPLAINT: nil

FEEDBACK: very Satisfactory

SIGNATURE OF PATIENT: Sahil Raj

RRDCH / NABH / GEN / 04.2

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

PATIENT COMPLAINTS / FEEDBACK FROM

NAME: Nishikhar M DATE: 10/04/24
 AGE/SEX: 12 / Male OP REGIST NO: 2404020015
 CONTACT NO: 9685540589

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF APPOINTMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT DONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATING DOCTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

COMPLAINT / SUGGESTION: nil

SIGNATURE OF PATIENT: Nishikhar M

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

RRDCH / NABH / GEN / 04.2

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

PATIENT COMPLAINTS / FEEDBACK FROM

NAME: GAZILA DATE: 20/04/24
 AGE/SEX: Female OP REGIST NO: 2404020015
 CONTACT NO: 9685540589

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF APPOINTMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT DONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATING DOCTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

COMPLAINT / SUGGESTION: nil

SIGNATURE OF PATIENT: GAZILA

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient: Nishikhar
 Age/Gender: 12/Female
 Address: Phagwara P.O. Bikaner
 Phone No: 9685540589
 OP No: 2404020015
 Email ID: nil

How do you rate the information given at the Reception Counter?
☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not avail

How do you rate the treatment charges at this hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☐ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any): nil

SIGNATURE OF PATIENT: Nishikhar Date: 11-02-24

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : *Soma*
Age/Gender : *42/Male*
Address : *Sundarabai Nagar, Bangalore*
Phone No : *9095441355*
OP No : *240170492*
Email ID :

How do you rate the information given at the Reception Counter?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☒ Excellent ☒ Good ☐ Average ☐ Poor ☐ Not availed

How do you rate the treatment charges at this hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any)

Signature of Patient

Date: *24-02-24*



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : *Fajal Subashini*
Age/Gender : *41/Female*
Address : *Bangalore*
Phone No : *9844497620*
OP No : *240170493*
Email ID :

How do you rate the information given at the Reception Counter?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☒ Excellent ☒ Good ☐ Average ☐ Poor ☐ Not availed

How do you rate the treatment charges at this hospital?
☒ Excellent ☒ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any)

Signature of Patient

Date: *24-02-24*



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : *Sundesh A*
Age/Gender : *35/male*
Address : *Mangurath Nagar*
Phone No : *9556616126*
OP No : *2305290344*
Email ID :

How do you rate the information given at the Reception Counter?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☒ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not availed

How do you rate the treatment charges at this hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any)

Signature of Patient

Date: *14-02-24*



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

PATIENT FEEDBACK

To provide patient friendly facilities in the hospital, we need your valuable feedback & suggestions.

Name of Patient : *Supriya*
Age/Gender : *25/Female*
Address : *Channarayana Nagar*
Phone No : *9802921877*
OP No : *1401303142*
Email ID :

How do you rate the information given at the Reception Counter?
☐ Excellent ☒ Good ☐ Average ☐ Poor

How do you rate your reception by oral health care providers during your first visit as a patient?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the overall cleanliness of the department and the facilities provided?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate your experience during a subsequent visit to the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the treatment services provided at the department?
☒ Excellent ☐ Good ☐ Average ☐ Poor

How do you rate the emergency treatment services at the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not availed

How do you rate the treatment charges at this hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any)

Signature of Patient

Date: *16-02-24*

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Patient Complaints/ Feedback Form

Date: 29/4/24

Name: _____

Age/sex: 21 yrs

Op Registration number: 1904290344

Contact number: _____

Nature of complain: _____

Nature of feedback: The hospital treats me in good way. The doctor is very friendly with patients to remove the tooth. I am satisfied with the treatment.

Signature of patient

Patient Complaints/ Feedback Form

Date: 29/4/24

Name: _____

Age/sex: 16 'M

Op Registration number: 2307180122

Contact number: _____

Nature of complain: _____

Nature of feedback: Treatment going good. Get regular appointment.

Signature of patient

DEPARTMENT OF IMPLANTOLOGY

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: Krishna Kumar Date: 5/4/24

AGE/SEX: 76/M

OP REGISTRATION NUMBER: 2312270015

CONTACT NUMBER: 9025329522

NATURE OF COMPLAINT: _____

NATURE OF FEEDBACK: _____

Signature of patient



RajaRajeswari Dental College and Hospital, Bengaluru

14, Ramohalli Cross, Mysore Road, Bengaluru-560074. KARNATAKA. Phone: 080 28437150, Fax: 080 28437468.

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