



JUNE 2024 EDITION

RajaRajeswari Dental College & Hospital

NEWSLETTER

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



An orientation program was conducted by the Department of Oral Medicine and Radiology on 25.06.2024 between 10.00 am to 10.45 am. The event was conducted in the clinical area. The topic of the orientation program was "Biomedical Waste Management". All the non-teaching staff and radiology technicians were informed about the program through a circular dated on 22.06.2024.

The speaker for the program was Dr Balaji P, Professor & Head, Department of Research & Publications, member of Infection Prevention & Control in the department.

A brief orientation about the wastes produced in the clinical area of oral medicine and radiology were explained. An interactive session was conducted to know the knowledge of the participants about different waste segregation and disposal systems. Sir also explained about the colour coding for different types of waste. All the participants took active participation in the program held and the event was successful in imparting the knowledge on the above-mentioned topic.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

World No Tobacco Day

On the occasion of World No Tobacco Day, Oral Cancer Awareness Program on the theme Protecting Children from Tobacco Industry Interference was organized by Department of Public Health Dentistry, RRDCH at Kumbalgodu High School on 5th June 2024 from 10AM to 2 PM.

Sensitization of students on ill effects of tobacco use as well as the propaganda of the tobacco company to lure the younger generation towards indulgence in tobacco was rendered through Health education Talk and Flip Charts and World No Tobacco Day pledge was instilled to all the students. Shopkeepers were educated not to sell tobacco especially to children.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY



MENSTRUAL HYGIENE DAY

On behalf of Menstrual Hygiene Day, an awareness program was organized by the department of Public Health Dentistry at Government high school, Kumbalagodu. Students were explained about the importance of the day, menstrual cycle, coping up with premenstrual problems and how to maintain hygiene during menstrual cycle.

Proper disposal process of sanitary napkins was explained to all the female students. Interactive session with students was carried out.



WORLD ENVIRONMENT DAY

On the occasion of World Environment Day 2024 Plantation Program was organized by the department of Public Health Dentistry at Government high school, Kumbalagodu and Rajarajeswari Dental College and Hospital. The main aim of the event was to increase awareness among the students regarding the theme-“Land restoration, desertification and drought resilience”. The students were also explained about the importance of the day. Plantation was done by the students of Government high school, Kumbalagodu and Dean, Principal, Faculty of Dept of Public Health Dentistry did Plantation at RRDCH campus.



NATIONAL PUBLIC HEALTH DENTISTRY DAY

Screening and treatment camp was conducted by Department of Public Health Dentistry, RRDCH on occasion of National Public Health Dentistry Day in association with Inner Wheel Club of Rotary at Karithimmanahalli Government School, Mysore road on 19th June, 2024 from 10AM to 2PM.

A total of 295 people were screened and 44 were given treatment and appropriate referrals were made to RRDCH for further treatment. Oral health education was provided to all the camp students.



DEPARTMENT OF PUBLIC HEALTH DENTISTRY



NATIONAL DOCTOR'S DAY

A dental screening camp for adults and children was conducted by Department of Public Health Dentistry, in association with Centre for Advocacy and Research, on occasion of National Doctor's Day at Ambedkar Quarters, Nayandahalli, Mysore Road on 28th June, 2024 from 10AM to 2 PM. A total of 110 people were screened and appropriate referrals were made to RRDCH for further treatment. Oral health education was provided to all the camp students.

CASE OF THE MONTH

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

ANEURYSMAL BONE CYST IN RELATION TO 37, 38

A 25-year-old male patient complains of swelling of gums in his upper front teeth and wants to get it treated. He was apparently normal 1 week back later he noticed swelling of gums in the upper front teeth and also gives history of bleeding while brushing and is not associated with any pain. On clinical examination, enlargement of labial marginal and attached gingiva i.r.t 11,12, 21, 22 and gingival recession i.r.t maxillary and mandibular anteriors. Based on clinical findings, a provisional diagnosis of chronic generalised periodontitis with inflammatory gingival enlargement i.r.t maxillary anteriors was given.



He was subjected to OPG which incidentally showed a solitary unilocular radiolucency on left body of mandible measuring about 3x1cm extending superoinferiorly from the periapical region between 37,38 to lower body of mandible and mediolaterally from periapical region of 35 to distal aspect of 38. Periphery of lesion has thin sclerotic scalloping margin. Electric pulp vitality test was performed i.r.t 3rd quadrant teeth which showed the teeth are vital. Patient was then subjected to CBCT which showed a well-defined unilocular radiolucency on left body of mandible i.r.t 36,37,38 region measuring about 4.7 x1.69 cm. Internal structure was completely radiolucent with thin sclerotic scalloped margin and IAN canal was pushed inferiorly. Based on radiographic findings, differential diagnosis of odontogenic keratocyst, simple bone cyst and aneurysmal bone cyst was considered. Blood aspirate was present on aspiration and the histopathological features were suggestive of aneurysmal bone cyst i.r.t 37,38.

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

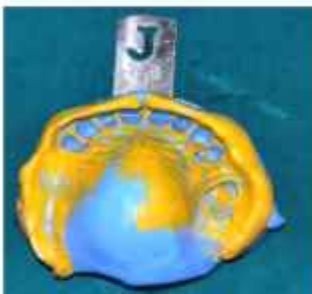
CAST PARTIAL DENTURE FABRICATION DONE FOR MAXILLARY CLASS I EDENTULOUS CONDITION



Pre operative photograph



Mouth preparation done to receive cast partial denture



Final impression made



Metal frame work fabricated



Recording of bite registration done



Try in of trial dentures done



Final insertion of the cast partial done



Fabricated final prosthesis



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

MANDIBULAR ANGLE FRACTURE

A 41-year-old male patient reported to RRDCH 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 fracture of mandible. All the routine blood investigations were done. The procedure was carried out under general anesthesia. 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.



Pre operative photograph



Intra Operative Photograph



Intra Operative Photograph



Post Operative Radiograph

DEPARTMENT OF PERIODONTOLOGY

LINGUAL FRENECTOMY

Background: Ankyloglossia (tongue-tie) is a congenital oral anomaly characterised by a short, tight lingual frenulum that affects the movements and functions of the tongue, such as sucking, speech and eating. This condition can be found in newborns and children as well as adolescents and adults. Lingual frenectomy (lingual frenulum reposition) is a less invasive technique. The surgery is performed conventionally with a scalpel or surgical scissors or with thermal techniques, such as electrocautery or high-power laser. The prognosis of lingual frenectomy is favourable when early diagnosis and intervention are performed. Frenectomy improves tongue posture and movements, oral functions, lip posture and oral communication.

Case Report: A 16-year old male patient was referred from Department of Orthodontics for lingual frenectomy. The patient was systemically healthy and has slight difficulty in speech. On clinical examination, there was high lingual frenal attachment indicating moderate abnormality of tongue function. Frenectomy was done using soft tissue diode laser of 940nm \pm 10nm wavelength. Patient was recalled after 1 week for follow up and there were no post-operative complications.

Conclusion: Early diagnosis and prompt surgical intervention helps the patient to avoid long term effects of these patients.



PRE-OPERATIVE



IMMEDIATE POST-OPERATIVE



1 WEEK POST-OPERATIVE

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

CBCT ASSISTED SURGICAL MANAGEMENT OF IMPACTED MESIODENS IN A PEDIATRIC PATIENT - A CASE REPORT

A 9 year old female patient reported to the Department of Paediatric and Preventive Dentistry of Rajarajeswari Dental College and Hospital with a chief complaint of missing teeth in upper front teeth region with aesthetic concern and difficulty in speech since 1 year. On clinical examination, there was missing teeth in relation to 11 and 12 (FIG 1&2). An OPG was suggested which revealed unerupted 11 and 12 and presence of supernumerary tooth associated with 11 and 21. In order to determine the location of the impacted supernumerary tooth (3D IMAGING) CBCT was suggested. CBCT revealed the palatal positioning of supernumerary tooth and its interference in eruption of permanent teeth (FIG 3). The treatment options were discussed with parents and written consent was obtained. Based on OPG and CBCT the treatment plan was to surgically remove the supernumerary tooth and to expose the crowns of 11 and 12 to allow for the tooth to erupt uneventfully. On the day of surgery, supernumerary tooth was extracted under local anaesthesia (FIG 4&5). Flaps were sutured and post-operative antibiotic and analgesic medications were prescribed. After 7 days, sutures were removed and uneventful healing was observed. On 1 month follow up clinically passive eruption of 12 and radiographically impacted 11 was noticed (FIG 6). Patient is under follow up.



FIGURE 1 & 2 – OCCUSAL VIEW AND FRONTAL VIEW OF MAXILLA SHOWING MISSING 11 AND 12.



FIGURE 3 – CBCT REVEALING THE LOCATION OF MESIODENS



FIGURE 4 – SURGICAL EXPOSURE OF 11, 12 AND MESIODENS



FIGURE 5- POST EXTRACTION IMAGE OF MESIODENS



FIGURE 6- 1 MONTH FOLLOW-UP PHOTOGRAPH AND RADIOGRAPH SHOWING PASSIVE ERUPTION OF 12 AND IMPACTED 11.



DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

RETRIEVAL OF SEPARATED INSTRUMENT

Background: Instrument separation during endodontic therapy is a frequent accident with rotary instruments being more likely to separate than manual ones. The treatment of cases with a separated instrument can be either conservative or surgical. A conservative approach involves the following treatment choices: a) bypass of the fragment, b) removal of the fragment, c) instrumentation and obturation coronally to the fragment. Concerning the removal of a separated instrument, a variety of techniques and systems has been developed.

Ultrasonics, in combination with the operative microscope constitute the most effective and reliable tools for removing a separated endodontic instrument from a root canal. The likelihood of successful removal depends on: the level of separation (coronal, middle or apical third); location in relation to the root canal curvature; the type of separated instrument; its length; the degree of canal curvature and the tooth type.

Several complications may occur during the management of a separated instrument: separation of the ultrasonic tip or file used for bypassing or removing the instrument; further separation of the fragment; perforation; ledge; extrusion of the file into periapical tissues; tooth weakening due to dentin removal, as well as excessive temperature rise in periodontal tissues. Prognosis for a tooth retaining a separated instrument depends on the presence of a periapical lesion, the microbial load of the root canal during the time of separation and the quality of the obturation.

Case Report: A 35 year old patient reported to the department seeking treatment. Medical and Dental histories were not significant. Clinical examination revealed TOP positive w.r.t 45. Radiographic examination revealed separated protaper file inside the canal. Hence, instrument retrieval was done followed by root canal therapy w.r.t 45

Conclusion: Instrument retrieval followed by root canal treatment can be safely and reliably employed to treat such case.



PRE-OPERATIVE



INSTRUMENT RETRIEVAL



WORKING LENGTH



MASTER CONE



OBTURATION

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: P***A

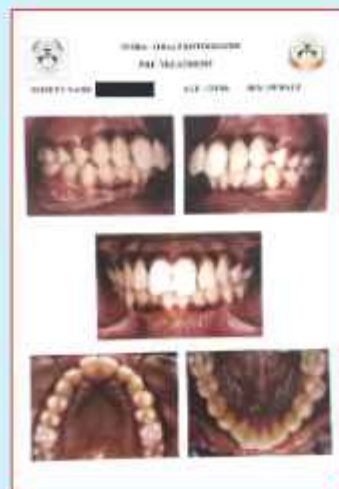
AGE/SEX: 16/F

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: Non Extraction line of treatment-MBT fixed appliance therapy.



DEPARTMENT OF ORAL IMPLANTOLOGY



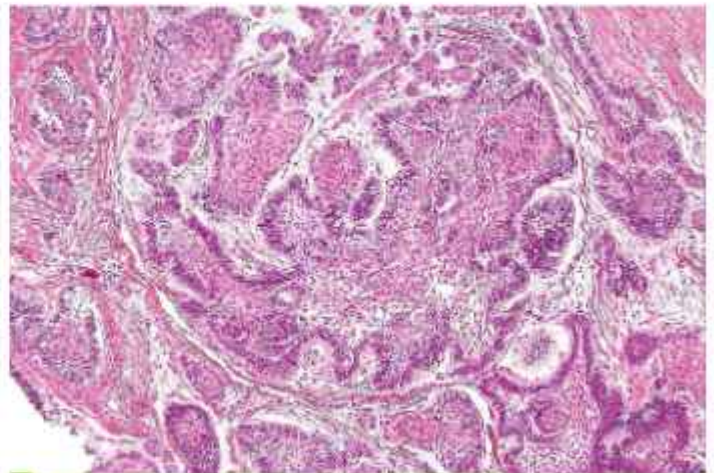
A 48 y/o female patient reported to the department with edentulous upper and lower arches and wanted implant supported fixed prosthesis.

After CBCT evaluation All-on-4 endosseous rootform implants were placed in upper&lower arches followed by prosthetic rehabilitation after 3 months.

DEPARTMENT OF ORAL PATHOLOGY

FOLLICULAR AMELOBLASTOMA

A 65yrs old female patient came with a chief complaint of pain in the lower front jaw region since 1 week. On clinical examination, facial asymmetry was noted in the lower third of face. Intra oral examination revealed solitary swelling on lower labial vestibular region extending from 36 to 44. Swelling was soft to firm in consistency, tender, fixed to underlying structure with cortical expansion. Grade II mobility seen with 31,32,33,41 and 42. Radiographic examination revealed multi locular radiolucency noted on the anterior mandible from 35 to 44 regions. Histopathological examination revealed Follicular Ameloblastoma.



H&E stained section showing features of Follicular Ameloblastoma (20x)



PUBLICATIONS

Sl. No.	TITLE	JOURNAL & ISSUE	AUTHORSHIP
DEPARTMENT OF PERIODONTOLOGY			
1.	Evaluation of the effect of Occlusal calibration in Periodontitis patients with occlusal Trauma Using T-Scan	Indian Journal of Dental Research Volume 35 Issue 1	• Dr. Nalini.M.S
2.	Evaluation of platelet-Neutrophil and platelet-Monocyte Ratio in Healthy subjects and Chronic periodontitis patients - A Clinical and Biochemical Analysis	RGUHS Journal of Dental Sciences Volume 2 Issue 16	• Dr. Rithesh K • Dr. Nimmi Janardhanan
DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY			
1.	Overview of diagnosis, management of Mesiodens and its impact on children: A series of case report	Advanced International Journal of Multidisciplinary Research	• Dr Shakuntala .B.S • Dr Umapathy .T • Dr Rajas Mahalle • Dr Pragna S V
2.	Isolation and charecterization of stem cells from human exfoliated deciduous teeth	Biomedical informatics	• Dr Nagarathna C
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS			
1.	Factors associated with marketing of branded generic drugs: ' A study on possible strategies in the Indian pharmaceutical market	Published in the international book Contemporary research in business, management and economics Vol. 8	• Dr. Shwetha G S

BOOK PUBLICATIONS

Sl. No.	TITLE	PUBLISHER	AUTHORSHIP
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY			
1.	Imaging of dental implants	Lambert Academic Publishing 28th June 2024	• Dr Samadrita Paul • Dr Poornima C • Dr Balaji P
DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY			
1.	Research Perspectives of Microbiology and Biotechnology Vol 4. Comprehensive Review on the Role of Salivary Biomarkers and Prevention of Early Childhood Caries Using Herbal and Non-Herbal Products	BP Publisheres ISBN Number: 978-81-974582-5-5,	• Dr. Umapathy.T

INVITED LECTURES

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Dr.N SMAMATHA

- COMPREHENSIVE IMPLANT WORKSHOP AT DAYANAND SAGAR DENTAL COLLEGE, BENGALURU

OUTREACH PROGRAM

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

First year post graduate students from Oral & Maxillofacial surgery were posted in our department from 26th June to 28th June 2024 for interdisciplinary postings.

Dr. Poornima C., Professor & Head, Department of Oral Medicine & Radiology engaged with the students and trained them about the CBCT imaging software and the role of CBCT in implant placement and in assessing the extent of bone lesion.

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Sl. No.	DATE	PLACE OF CAMP CONDUCTED
1.	05/06/2024	National Tobacco, Menstrual Hygiene and Environment Awareness Program
2.	06/06/2024	Sri Mahapratangiri Temple, Uttarahalli
3.	07/06/2024	Nirashritara Parihara Kendra
4.	19/06/2024	KHT Govt. High School, Mysore Road
5.	21/06/2024	Nirashritara Parihara Kendra
6.	28/06/2024	Ambedkar Quaters, Nayandahalli
7.	29/06/2024	Maligondanahalli

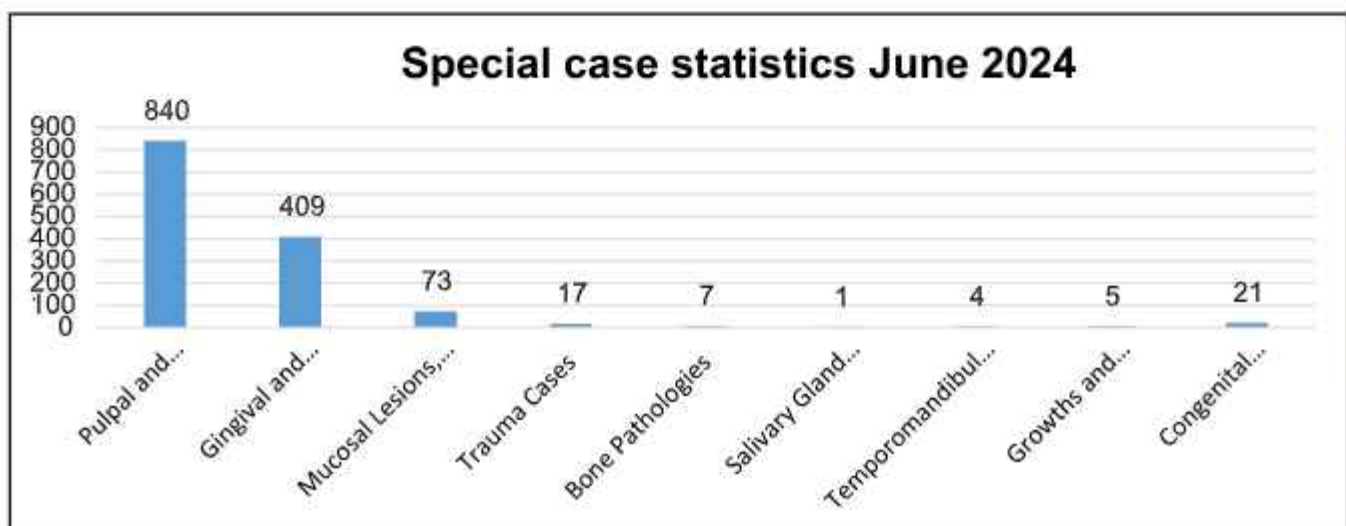
OPD STATISTICS

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

OPD STATISTICS

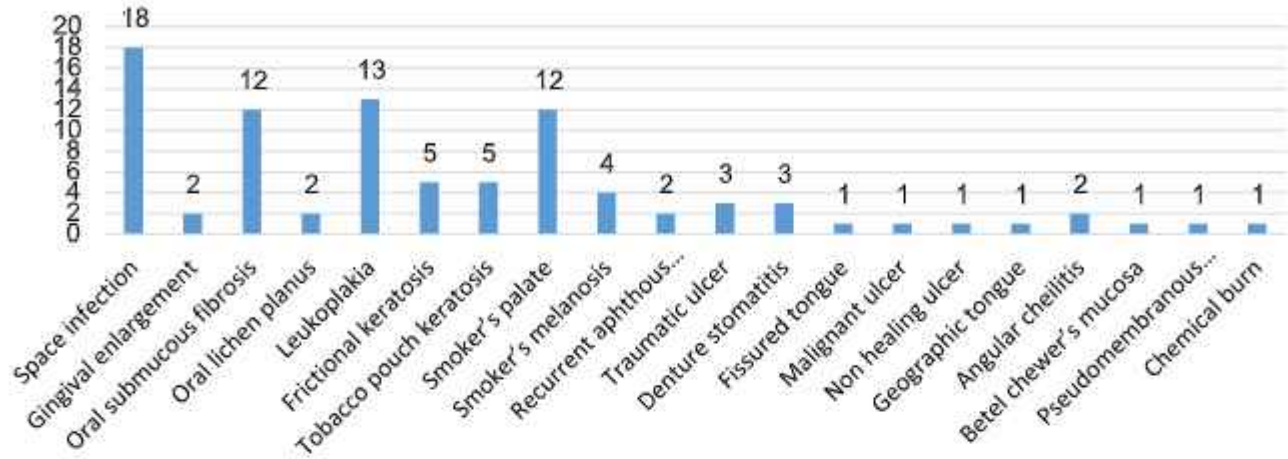
New Cases	Old Cases	Total Cases	Patients per day
6339	6555	12894	586

SPECIAL CASE STATISTICS

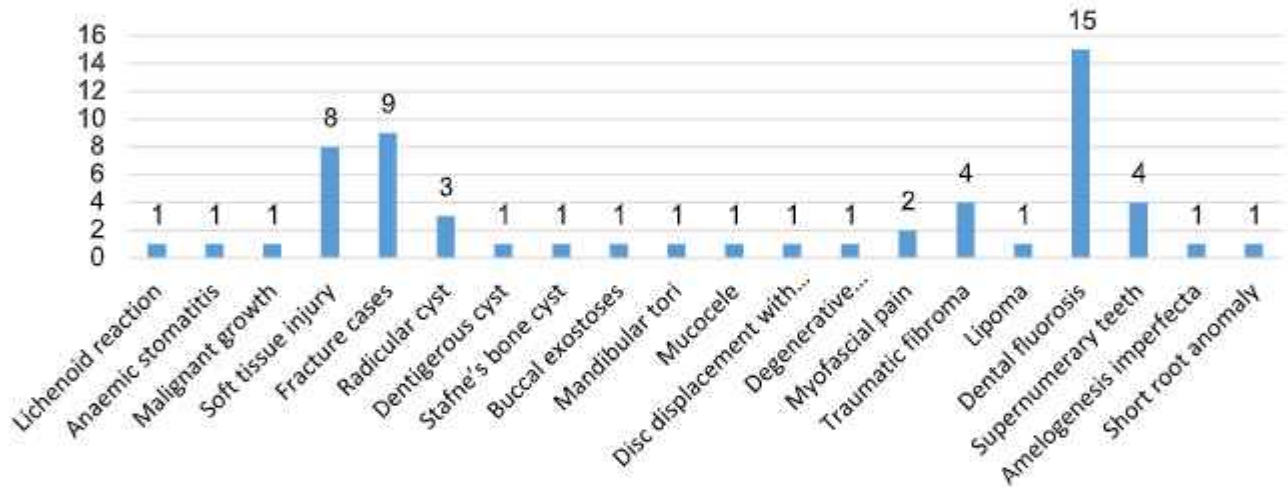


DEPARTMENT SPECIFIC STATISTICS

Department Specific statistics-I



Department specific statistics-II



DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

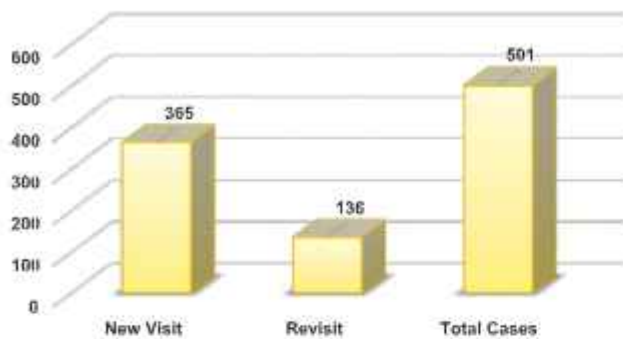
Total no of working days:	Total no of Cases treated:	New	Revisited
22	1371	372	999

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

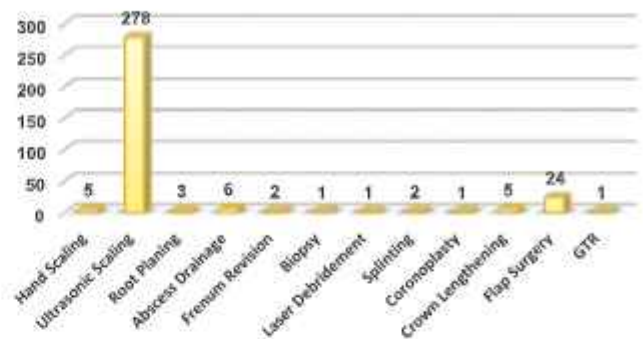
Total Cases	PG Cases	UG Cases	Major OT
2025	950	875	3

DEPARTMENT OF PERIODONTOLOGY

CASE BREAK-UP FOR JUNE 2024



TREATMENT-WISE CASES DONE IN JUNE 2024



DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Statistics for the month JUNE 2024

JUNE	
Total	1390
Scaling	130
Topical fluoride	116
Pit and fissure sealants	122
G.I.C.	120
Amalgam	10
Composite	95
I.P.C	26
D.P.C	15
Pulp Therapy	94

RCT	66
Extraction	128
Space Maintainer	24
Minor orthodontics	08
Apexification	08
Stainless steel crown- Primary	78
Stainless steel crown- Permanent	26
Strip Crowns	09
Traumatic Injuries splinting	04
Minor surgical procedures	03

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

STATISTICS FOR THE YEAR 2024

MONTH	No of working days	New visit	Re visit	Total	Average
JUNE	23	1155	1189	2344	102

UG STATISTICS FOR THE YEAR 2024

MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	TF
JUNE	149	42	18	48	41

PG STATISTICS FOR THE YEAR 2024

MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
JUNE	557	00	161	46	309	27	10	02	00	02

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

MONTH	OPD		TOTAL
	NEW	REVISIT	
JUNE 2024	975	1328	2303

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
JUNE	7	574	150	112	836

OPD JUNE MONTH STATISTICS	
MONTH	TOTAL NO OF CASES
JUNE	201

DEPARTMENT OF ORAL IMPLANTOLOGY

STATISTICS FOR THE MONTH OF JUNE 2024				
MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT
JUNE	10	30	55	NIL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

TREATMENT WISE PATIENT STATISTICS FOR THE MONTH OF JUNE 2024		
SL.NO	TREATMENT DONE	NUMBER OF PATIENTS
1.	Extraction	2
2.	Restoration	17
3.	Oral prophylaxis	75
4.	Pit and fissure sealant	7
5.	Fluoride	10
6.	Health Education	56
7.	Tobacco cessation counselling	54
	TOTAL	221

STUDENT CORNER

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

1. Final and second year post graduate students attended: preconference on the topic **IMPLANTS IN MAXILLOFACIAL REHABILITATION –SURGICAL AND PROSTHETIC FLOW**, BY **Dr CRIS BUTTERWORTH** at the Osseointegration Society of India conference held in June at Bengaluru.



osi
Osseointegration
Society of India

PRE-CONFERENCE

Time :-
10:00 AM
to 1:00 PM

Amount
2500/-
Per Head

DR. CHRIS BUTTERWORTH
UK

TOPIC :- IMPLANTS IN MAXILLOFACIAL REHABILITATION
Surgical and Prosthetic Flow

Venue :- Auditorium, New building, 4th floor Shagovathi Mahaveer Jathi Hospital (Vasanthi Nagar Branch) - 17, Milers Rd, Kaverappa Layout, Vasanthi Nagar, Bengaluru, Karnataka 560052.



2. 1ST YEAR Post graduate students attended: **CDE & Hands-on on: TREATMENT PLANNING AND REHABILITATION OF MAXILLOFACIAL DEFECTS** BY **DR P C JACOB** HELD IN **KSDC COLLEGE, BENGALURU**



SRI KRISHNADEVARAYA EDUCATIONAL TRUST (R)

KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES & HOSPITAL
DEPARTMENT OF PROSTHODONTICS
Krishnadevarayanagara, Hunsuramangalohalli, Sir MVT Campus,
International Airport Road, Bangalore - 562157

TREATMENT PLANNING AND REHABILITATION OF MAXILLOFACIAL DEFECTS

DATE - 12th June 2024

05
CDE Points

VENUE
KCDS Auditorium



PATIENT FEEDBACK

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

PATIENT COMPLAINTS / FEEDBACK FORM

NAME: DATE: 10/6/24

AGE/SEX: 44 years / male

OP REGISTRATION NUMBER: 20070000000000000000

CONTACT NUMBER:

NATURE OF COMPLAINT:

NATURE OF FEEDBACK:

ಉತ್ತಮ ಸೇವೆ ನೀಡಿದ್ದು, ಸಮಗ್ರ ಚಿಕಿತ್ಸೆ ನೀಡಿದ್ದು, ಸುಸ್ಥಿರ ಮತ್ತು ಸುಂದರವಾಗಿರುತ್ತದೆ.

ಶಶಿಕಾ
SIGNATURE OF PATIENT

DEPARTMENT OF PERIODONTOLOGY



ಹೆಸರು: ಶಶಿಕಾ
ವಯಸ್ಸು / ಲಿಂಗ: 44 / ಪುರುಷ
ದಿವಸ: 10/6/24
ರೋಗದ ಹೆಸರು: 20070000000000000000
ಓಪಿ ನಂ: 20070000000000000000
ಫೋನ್ ನಂ:

ನಿಮ್ಮ ಕುರಿತು ನಿಮ್ಮ ರೋಗದ ವಿವರವನ್ನು ನೀಡಿ ತಿಳಿಸಿ.

☐ ಉತ್ತಮ ☒ ಸರಿಯಾದ ☐ ಸಮಾಧಾನ ☐ ಇತರ

ನಿಮ್ಮ ರೋಗದ ವಿವರವನ್ನು ನೀಡಿ ತಿಳಿಸಿ.

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☐ ಉತ್ತಮ ☒ ಸರಿಯಾದ ☐ ಸಮಾಧಾನ ☐ ಇತರ



ಹೆಸರು: ಶಶಿಕಾ
ವಯಸ್ಸು / ಲಿಂಗ: 44 / ಪುರುಷ
ದಿವಸ: 10/6/24
ರೋಗದ ಹೆಸರು: 20070000000000000000
ಓಪಿ ನಂ: 20070000000000000000
ಫೋನ್ ನಂ:

ನಿಮ್ಮ ಕುರಿತು ನಿಮ್ಮ ರೋಗದ ವಿವರವನ್ನು ನೀಡಿ ತಿಳಿಸಿ.

☐ ಉತ್ತಮ ☒ ಸರಿಯಾದ ☐ ಸಮಾಧಾನ ☐ ಇತರ

ನಿಮ್ಮ ರೋಗದ ವಿವರವನ್ನು ನೀಡಿ ತಿಳಿಸಿ.

☐ ಉತ್ತಮ ☒ ಸರಿಯಾದ ☐ ಸಮಾಧಾನ ☐ ಇತರ

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☐ ಉತ್ತಮ ☒ ಸರಿಯಾದ ☐ ಸಮಾಧಾನ ☐ ಇತರ



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

Name of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ
Age/Gender : 35 / F
Address : ಬೆಂಗಳೂರು, ಕರ್ನಾಟಕ
Phone No : 9866510157
OP No : 24062024
Email ID : ssushma@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) : ನಿಲ್ಲ

Signature of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ Date : 11/6/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

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

Name of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ
Age/Gender : 35 / F
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What is your overall opinion about the hospital?
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Suggestions (if any) : ನಿಲ್ಲ

Signature of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ Date : 11/6/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

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How do you rate the emergency treatment services at the hospital?
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How do you rate the treatment charges at this hospital?
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What is your overall opinion about the hospital?
☒ Excellent ☐ Good ☐ Average ☐ Poor

Suggestions (if any) : ನಿಲ್ಲ

Signature of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ Date : 11/6/24



DEPARTMENT OF PERIODONTOLOGY
PATIENT FEEDBACK

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

Suggestions (if any) : ನಿಲ್ಲ

Signature of Patient : ಶ್ರೀಮತಿ. ಸುಷ್ಮಾ Date : 11/6/24

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY
PATIENT COMPLAINT / FEEDBACK FORM

NAME: Chloe AGE: 10/10
ADDRESS: 11/11 DISTRICT: 11/11/11
CONTACT NO: 11/11/11

DATE YOUR EXPERIENCE WITH THE FOLLOWING SERVICES OF YOUR UNIT

SERVICE	VERY GOOD	GOOD	AVERAGE	POOR
RECEPTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFIED / EXTREMELY SATISFIED
COMPLAINT / SUGGESTION:

SIGNATURE OF PATIENT

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY
PATIENT COMPLAINT / FEEDBACK FORM

NAME: Chloe AGE: 10/10
ADDRESS: 11/11 DISTRICT: 11/11/11
CONTACT NO: 11/11/11

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RECEPTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFIED / EXTREMELY SATISFIED
COMPLAINT / SUGGESTION:

SIGNATURE OF PATIENT

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY
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CLINICAL SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFIED / EXTREMELY SATISFIED
COMPLAINT / SUGGESTION:

SIGNATURE OF PATIENT

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CLINICAL SERVICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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COMPLAINT / SUGGESTION:

SIGNATURE OF PATIENT

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COMPLAINT / SUGGESTION:

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TREATMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEEDBACK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER ALL SATISFACTION: ☒ VERY SATISFIED / EXTREMELY SATISFIED
COMPLAINT / SUGGESTION:

SIGNATURE OF PATIENT

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: Chloe
Age/Gender: 10/10
Address: 11/11
Phone No: 11/11/11
OP No: 11/11/11
Email ID: 11/11/11

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: Chloe Date: 11/11/11

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: Chloe
Age/Gender: 10/10
Address: 11/11
Phone No: 11/11/11
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Email ID: 11/11/11

How do you rate the information given at the Reception Counter?
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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: Chloe Date: 11/11/11

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 : Shiva Srinivasan
Age/Gender : 55/E
Address : Chinnappokkottu Ramu Nagar
Phone No : 9560437445
OP No : 2405230246
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 [Signature]

Date: 28/06/24



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 : Chinnappokkottu Ramu
Age/Gender : 30/M
Address : Chinnappokkottu Ramu Nagar
Phone No : 9620715164
OP No : 2405230246
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?
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How do you rate the overall cleanliness of the department and the facilities provided?
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☐ 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 [Signature]

Date: 28/06/24



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 : Pranav
Age/Gender : 34/M
Address : -
Phone No : -
OP No : 2405230246
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?
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How do you rate the treatment charges at this hospital?
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What is your overall opinion about the hospital?
☐ Excellent ☒ Good ☐ Average ☐ Poor

Suggestions (if any)

Signature of Patient [Signature]

Date: 31/06/24

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

RRDCH/NAME/ORTHODONTICS

Patient Complaints/ Feedback Form

Date 05/05/2024

Name: Sukanya N
Age/sex: Female
Op Registration number:
Contact number:
Nature of complain:

Nature of feedback:
Happy with the treatment received from Dr. Keerthana.
No pain in the teeth.

Signature of patient

RRDCH/NAME/ORTHODONTICS

Patient Complaints/ Feedback Form

Date 28/5/2024

Name: Sanketty, K.R.
Age/sex: 19 f
Op Registration number:
Contact number:
Nature of complain:
No complain

Nature of feedback:
Good treatment
Appointment given on time
Clean and good environment in patient treatment area

Signature of patient

DEPARTMENT OF IMPLANTOLOGY

PATIENT COMPLAINTS/FEEDBACK FORM

NAME: Pooja Date: 05/05/2024
AGE/SEX: 36/F
OP REGISTRATION NUMBER: 051005 00000
CONTACT NUMBER:
NATURE OF COMPLAINT:

NATURE OF FEEDBACK:
Satisfied

SIGNATURE OF PATIENT

PATIENT COMPLAINTS/FEEDBACK FORM

NAME: Pooja, Vidya K. Date: 05/05/2024
AGE/SEX: Female
OP REGISTRATION NUMBER:
CONTACT NUMBER: 9842618511
NATURE OF COMPLAINT:

NATURE OF FEEDBACK: Dr. Shree should give me good
treatment. I am very happy
Dr. Shree

Signature of patient

PATIENT COMPLAINTS/FEEDBACK FORM

NAME: Lakshmi Date: 05/05/2024
AGE/SEX: 57/F
OP REGISTRATION NUMBER: 2205050000
CONTACT NUMBER:
NATURE OF COMPLAINT: Implant placed
No pain

NATURE OF FEEDBACK: Dr. Shree is very good
Dr. Shree

Obituary Message



Dr . Ravi Kumar B J

08/01/1971 - 25/06/2024

Departed for his heavenly abode on 25th June 2024. Leaving behind memories that will be cherished forever.

A humble human being and a great colleague who served this institution for 17 years in the Department of Prosthodontics, crown & Bridge

With Prayers & Deepest Condolence:

*Faculty and PG Students of
Department of Prosthodontics*



RajaRajeswari Dental College and Hospital, Bengaluru

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

E-mail: principalrrdch@gmail.com www.rrdch.org www.rrdch.edu.in