

RajaRajeswari Dental College & Hospital

NEWSLETTER

DEPARTMENT OF PUBLIC HEALTH DENTISTRY



WORLD NO TOBACCO DAY (Event - 1)

On the occasion of "World No Tobacco Day", oral cancer and dental screening and treatment camp was organized by Department of Public Health Dentistry, RRDCH at Ambedkar Bhavan, Ramanagara district on 31st May, 2024 from 10AM to 4 PM.

Sensitization of the general public and 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 and World No Tobacco Day pledge was instilled to all the camp participants.



A total of 73 people were screened and 12 were given treatment, and appropriate referrals were made to RRDCH for further treatment.







RRDCH NEWSTAPHYDER MAY 2024 EDITION >

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Event - 2

An oral screening camp was conducted by the Department of Public Health Dentistry, RRDCH in association with anti-tobacco awareness at Nirashritarapariharakendra for the inmates. Intraoral examination was done along with vital staining using toluidine blue for tobacco use associated lesions. A pledge was undertaken by around 200 inmates against tobacco use and signature campaign was also done.

Oral health education was provided to all the camp patients and it was well received.









Event - 3

An Awareness talk was given on the theme PROTECTING CHILDREN FROM TOBACCO INDUSTRY INTERFERENCE for 3rd year BDS students on the occasion of NO TOBACCO DAY in RRDCH COLLEGE and an oath was taken from students to avoid tobacco usage.







CASE OF THE MONTH



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

CHERUBISM INVOLVING MAXILLA AND MANDIBLE

A 16 years old female patient reported to the department with the complaint of loose right lower back tooth since 1 month. She gives history of swelling bilaterally since 5 years of age which was initially smaller in size and eventually it attained the present size over the age of 11 years. Her guardian gives history of visiting hospital with the same complaint in 2012 where biopsy was done & diagnosed as cherubism and been referred to dental hospital, then she was taken to a dental college where examination was done and kept under observation until the growth spurts were complete.

On extra oral examination, bilateral swelling present in the middle and lower third of face measuring about 4x4cm extending superiorly from the line joining corner of mouth to angle of mandible to lower border of mandible inferiorly and medially from para-symphysis region till angle of mandible laterally. Angel's eye view present. Swelling is firm to hard in consistency and non-tender. On intra oral examination, missing teeth i.r.t 17, 12, 13, 23, 24, 33, 43, 37, 47. There is narrow arched palate. Grade I mobility i.r.t 41, 31, 43, 32, 14, 25 and Grade III mobility i.r.t 46. Labial cortical plate expansion of mandibular arch & buccal cortical plate expansion of mandibular arch and right maxillary arch.







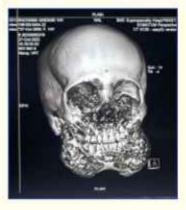


She had MRI, CT & Histopathology reports from her previous visits. MRI & CT report suggestive of bilateral, well-defined, symmetrical multilocular radiolucency with remodelling occupying mandible, maxilla, and orbit with disrupted cortex. Nearly symmetrically expanded mandible and maxilla with bilateral bony masses protruding along inferior orbital walls towards orbital apices with associated mass effect and proptosis of the right globe. On correlating with clinical findings cherubism was considered. Histopathology section shows bony trabeculae of varying thickness with intervening stroma. Stromal component comprises of spindle cells arranged in fascicles and diffusely, amidst are seen varying proportions of osteoclastic giant cells. No evidence of atypia/mitoses seen, shows thick hyalinised fibro-collagenous tissue. Sections show microscopic features similar to "bony tumor mass". Features were consistent with cherubism.













DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

AESTHETIC REHABILITATION OF COMPLETELY EDENTULOUS MOUTH WITH RESORBED RIDGES LACKING BUCCAL SUPPORT USING CHEEK PLUMPERS.



Pre-operative photograph





Intra oral photograph: Resorbed mandibular ridge



Primary impression made





Facebow transfer done and jaw relation articulated on semi adjustable articulator



Laboratory processing of denture and detachable cheek plumpers



Laboratory processing of denture and detachable cheek plumpers







DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

REHABILITATION OF MANDIBLE POST RESECTION

A 30-year-old male patient reported to RRDCH following a mandibular resection on left side with fibula free flap for dental rehabilitation. Rehabilitation plan for the patient was an implant supported removable prosthesis. Placement of dental implants and vestibuloplasty was performed under general anaesthesia. Postoperative healing of the patient was uneventful and temporary removable prosthesis was given. A definitive prosthetic rehabilitation is planned after 3 months.



Pre operative radiograph



Intra operative photo



Temporary Removable Prosthesis



Post Operative Radiograph

DEPARTMENT OF PERIODONTOLOGY

MANAGEMENT OF GINGIVAL RECESSION (VISTA TECHNIQUE WITH FGG)

Background: Gingival recession is a common condition and its extent and prevalence increases with age. The problem associated with gingival recession extends beyond esthetic concern to increased tooth sensitivity and susceptibility to caries. The increasing esthetic demands from patients has necessitated that clinicians adopt newer and more novel techniques to achieve expected results.

Case Report: A 23-year old female patient reported to the Department of Periodontology with the complaint of sensitivity in her lower front tooth since 6 months. On intraoral examination, Millers Class III gingival recession was noted irt 41. The patient underwent Phase I therapy that included scaling and root planing and oral hygiene instructions were given. It was decided to perform a frenotomy with vestibular deepening using a diode laser.

Following this, surgical treatment of gingival recession was planned once the patient was able to maintain satisfactory oral hygiene. The VISTA approach along with FGG was chosen as the technique of choice. Vestibular access incisions were given on either side of the recession defect. Subperiosteal tunnel was created using tunneling knife through the vestibular access incisions. Free gingival graft was obtained from the palate and was inserted in the tunnel and sutured. Passive closure of flap was achieved with no tension. The vertical incisions too were sutured. A periodontal dressing was placed to cover the surgical site and post-operative instructions given. Patient was recalled after 3 week for evaluation.

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



Pre-operative photograph



Sub-periosteal tunnelling Done



FGG (obtained from palate)



FGG being inserted into the Tunnel

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DEPARTMENT OF PERIODONTOLOGY

Conclusion: The VISTA technique along with FGG can be successfully used to achieve predictable root coverage even in moderate cases of recession.







Periodontal dressing placed

Post-operative photograph - 3weeks

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

ESTHETIC REHABILITATION OF ENDODONTICALLY TREATED TOOTH USING ADVANCED TECHNOLOGY (CAD-CAM) IN A PEDIATRIC PATIENT – REPORT OF A CASE

A male patient aged 15 years, reported to the Department of Paediatric and Preventive Dentistry, Rajarajeswari Dental College and Hospital with a chief complaint of broken tooth in the upper front tooth region. Upon eliciting history of presenting illness, patient gives a history of self-fall while playing on ground 6 years back which resulted in the fracture of 21. No history of loss of consciousness, vomiting, seizures at the time of fall. Since patient had mild pain which relieved on medications, he did not undergo any treatment.

During the present dental visit of the patient no abnormalities were detected on extraoral examination, intraoral examination revealed Elli's Class IV fracture with discoloration in relation to 21, and was negative to percussion. No abnormalities observed with respect to adjacent soft tissues. Intraoral periapical radiograph was advised irt 21 which revealed loss of lamina dura and presence of periapical radiolucency with open apex suggestive of chronic periapical abscess.

Treatment plan: Apexification with mineral trioxide aggregate placement followed by root canal treatment and permanent esthetic restoration was planned in relation to 21. Parent's consent was obtained and multi-visit root canal therapy and MTA apexification and esthetic management with Zirconia crown using CAD-CAM technology was successfully delivered. Post treatment patient and parent satisfaction was obtained



FIGURE 1 - PRE-OP MAXILLA



FIGURE 2 - PRE-OP MANDIBLE



FIGURE 3 - OCCULSAL RELATIONSHIP



Radiograph 1 - PRE-OP 21



Radiograph 2 - obturation



FIGURE 4- CROWN PREPARATION



FIGURE 5 - ZIRCONIACROWN CEMENTATION

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

MANAGEMENT OF ANTERIOR NON-VITAL DISCOLOURED TOOTH

Background: Intracoronal tooth bleaching is a minimally invasive procedure that can dramatically improve dental aesthetics at a relatively low cost whilst conserving tooth structure. The procedure was described as one of the most common elective dental procedures. Different chemicals were used as bleaching agents by dental practitioners including chloride of lime, hydrogen peroxide, pyrozone (a mixture of 25% hydrogen peroxide and 75% ether), sodium perborate and sodium peroxide.

Intracoronal bleaching only addresses internal discolouration of teeth. Internal discolouration involves those factors affecting the natural colour and optical properties of the tooth structure where the cause of the discolouration lies within the enamel and/or dentine. When indicated, dental bleaching is an effective and safe method for addressing tooth discolouration. Understanding the aetiology of tooth discolouration and being able to make an accurate diagnosis is crucial to achieving a successful result after dental bleaching. Intracoronal bleaching using sodium perborate mixed with water has been recommended as the safest method for intracoronal bleaching.





PRE-OPERATIVE





PREOP

ROOT CANAL TREATMENT





Case Report: A 25 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. Radiographic examination revealed PDL widening. Hence, RCT followed by intracoronal bleaching was done w.r.t 21.

Conclusion: Intracoronal bleaching can be safely and reliably employed to treat such case

DEPARTMENT OF ORAL IMPLANTOLOGY

A 53y/o female patient reported to the department with missing teeth in lower anteriors and wanted implant supported fixed prosthesis.

After CBCT evaluation 2 endosseous rootform implants were placed followed by prosthetic rehabilitation after 3 months.









DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: S***A

AGE/SEX: 16/F

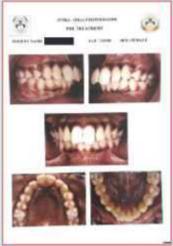
OP.NO: 2******3

CHIEF COMPLAINT: Patient c/o irregularly placed the 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 PATHOLOGY

CASEHISTORY

Name: Bxxxa Age/Sex: 13yrs/F

Chief Complaint: Patient complains of pain in her lower front tooth region.

History of Present Illness: Patient gives history of trauma by hit of volley ball in the same region. While examining, it was found out that she is having pain while palpating on her mandibular front teeth region.

O/E: Tender on palpation in relation to 33-44. Lingually placed 32

Radiographic Examination

IOPA i.r.t 41,42,43 reveals.

Well defined radiolucency in the periapical region of 41,42,43 evident measuring about 2x2cm (extent of the lesion cannot be appreciated).

Provisional Diagnosis

Periapical cyst in relation to 41,42,43

OPG reveals: A well defined radiolucency measuring about 4x4 cm evident in the periapical region of 43 to 33 with well striated border crossing the midline and the internal structure is completely radiolucent extending from the periapical region of 43,42,41 till the lower border of the mandible and from the distal aspect of 43 till the periapical aspect of 32.

Open apex evident i.r.t 45, 35, 37, 47.

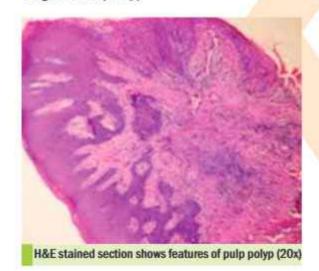
Provisional Diagnosis: Periapical cyst i.r.t 43-33

Differential Diagnosis: Central giant cell granuloma i.r.t 43-33

Advised Biopsy of lesion proper.

The H&E stained section shows hyperplastic stratified squamous epithelium with fibro-cellular connective tissue stroma. Underlying stroma is made up of connective tissue fibres interspersed with variable number of small capillaries. Inflammatory infiltrate is composed of lymphocyte & plasma. Above features correlating with clinical features is suggestive of pulp polyp.

Diagnosis: Pulp Polyp



PUBLICATIONS

IODONTOLOGY		
IODOITIOEOO!	10	
nent of Chronic Periodontitis-	Journal of Chemical Health Risks, Volume 14 Issue 3	Dr. Savitha S
LIC HEALTH DENTISTRY	<u> </u>	
acco Control Policies and Tobacco	Scope Journal Volume 14 Number 01	Dr.Padma K Bhat Dr. Sushma S.G Dr. Jayachandra M.Y
֡	act Hydrogel as a Local Drug Delivery ment of Chronic Periodontitis- introlled trial BLIC HEALTH DENTISTRY of Personnel towards Implementation and acco Control Policies and Tobacco ols in Bangalore - A Cross-Sectional Study	nent of Chronic Periodontitis- Introlled trial Risks, Volume 14 Issue 3 RISKS, Volume 14 Issue 3 RISKS, Volume 14 Issue 3

BOOK PUBLICATIONS

SI. No.	TITLE	PUBLISHER	ISSUE
)EP	PARTMENT OF ORTHODONTICS AND DENTOFACIAL C	RTHOPEDICS	
1.	Factors associated with marketing of branded generic drugs: A study on possible strategies in the Indian p harmaceutical market	Published in the international book Contemporary research in business, management and economics Vol. 8	Dr. Shwetha G S

Student Awards

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Program	Place	Contest	Participation by	Prize won
World No Tobacco Day 31st of May 2024	Karnataka Cancer Society	Photo collage	Dr. Anupa Dr. Anoushka S	First

OUTREACH PROGRAM

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Sl. No.	DATE	PLACE OF CAMP CONDUCTED	
1.	17/05/2024	Nirashritara Parihara Kendra	
2.	24/05/2024	Nirashritara Parihara Kendra	
3.	31/05/2024	Ambedkar Bhavan, Ramnagar	

INVITED LECTURES



DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

Workshop on "LABORATORY SAFETY PROTOCOL"

The Department of Prosthodontics organized a program on the topic "LABORATORY SAFETY PROTOCOL" held on 16th May 2024.

Dr. Shwetha Poovani, Professor and HOD, Dept of Prosthodontics briefed about the personal protective equipment used to protect the lab technicians from occupational hazards and also highlighted about sterilization and disinfection of the work received by the lab to minimize the risk of cross contamination

Dr. Madhuri V, Reader, Dept of Prosthodontics, advised the lab technicians about the importance of protocols to be followed during the laboratory procedures and delivered brief information about the Do's and Don'ts, sterilization and waste management protocols.

They were enlightened about the usage and maintenance of the machines according to the manufacturer's instructions and preventive measures to be taken for lab safety.





OPD STATISTICS

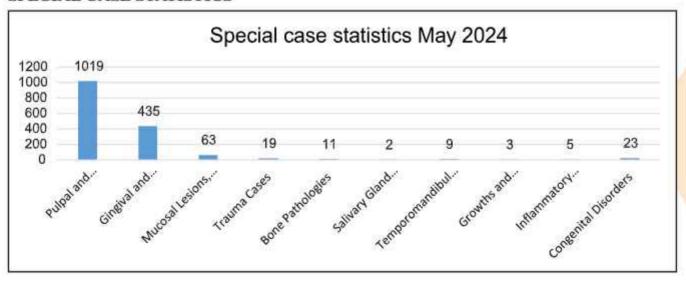


DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

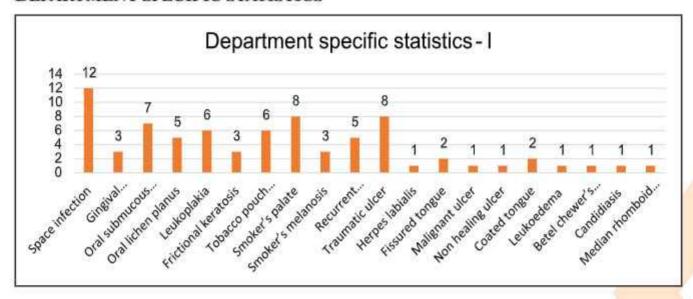
OPD STATISTICS

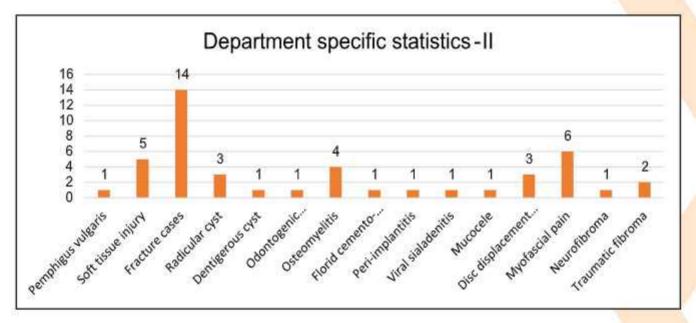
New Cases	Old Cases	Total Cases	Patients per day
7141	7954	15,095	629

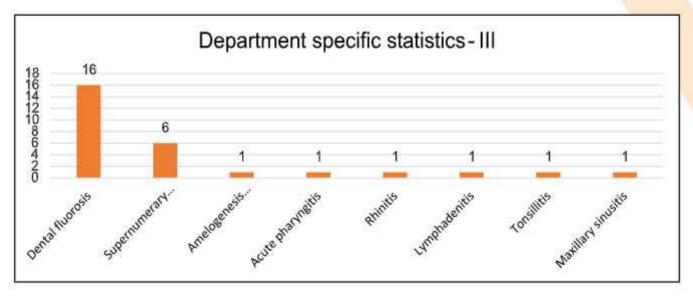
SPECIAL CASE STATISTICS



DEPARTMENT SPECIFIC STATISTICS







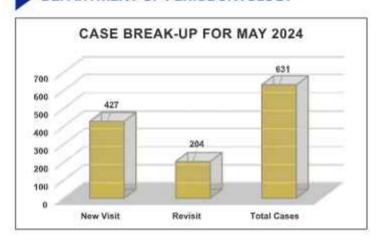
DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

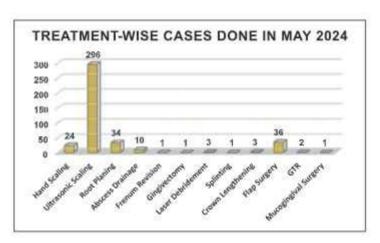
Total no of working days:	Total no of Cases treated:	New	Revisited	
24	1517	385	1132	

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

	Total Cases	PG Cases	UG Cases	Major OT	I.
Г	1500	800	800	8	1

DEPARTMENT OF PERIODONTOLOGY





DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Statistics for the month MAY 2024

MAY	
Total	1995
Scaling	210
Topical fluoride	180
Pit and fissure sealants	202
G.I.C.	225
Amalgam	15
Composite	146
I.P.C	60
D.P.C	46
Pulp Therapy	156

RCT	102
Extraction	150
Space Maintainer	48
Minor orthodontics	14
Apexification	18
Stainless steel crown- Primary	112
Stainless steel crown- Permanent	54
Strip Crowns	24
Traumatic Injuries splinting	08
Minor surgical procedures	06

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

STATISTICS FOR THE YEAR 2024							
MONTH	No of working days	New visit	Re visit	Total	Average		
MAY	24	1221	1335	2556	106		

UG STATISTICS FOR THE YEAR 2024								
MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	TF			
MAY	179	80	7	44	48			

	PG STATISTICS FOR THE YEAR 2024									
MONTH	TOTAL NO OF CASES	AMAL GAM	COMP OSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
MAY	684	11	205	83	327	43	08	03	00	04

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

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MONTH	NEW	REVISIT	TOTAL	
MAY 2024	975	1328	2303	

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	CENTER (JIRBAN)	
MAY	3	88	191	135	417

OPD MAY MONTH STATISTICS		
MONTH	TOTAL NO OF CASES	
MAY	239	

DEPARTMENT OF ORAL IMPLANTOLOGY

	STATISTICS	FOR THE MONTH	OF MAY 2024	
MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT
MAY	29	32	58	NIL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

SL.NO	TREATMENT DONE	NUMBER OF PATIENTS
1.	Extraction	1
2.	Restoration	16
3.	Oral prophylaxis	93
4.	Pit and fissure sealant	10
5.	Fluoride	10
6.	Health Education	64
7.	Tobacco cessation counselling	58
	TOTAL	252

STUDENT CORNER

D

DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

Value added Hands-on Demo on: Battery powered handheld Portable Dental X-Ray (ALERIO neo)

An equipment demonstration session was conducted by ALERIO neo on 28/05/2024 in the Department of Prosthodontics RRDCH as a part of continual development programme in the presence of our HOD, Dr Shwetha Poovani. The attendees were, Staff, postgraduate students & the interns posted in the Department of Prosthodontics.

The session highlighted the uses of portable x-rays with improved ergonomics, functions, and safety. It also has double shield technology, lead lined cone with scatter shield and a new exposure algorithm which ensures the best protection for the user and patient and also highlighted the possibility of high quality images due to active dose control and the fine focal point. Attendees were given hands on experience in using the instruments.







PATIENT FEEDBACK

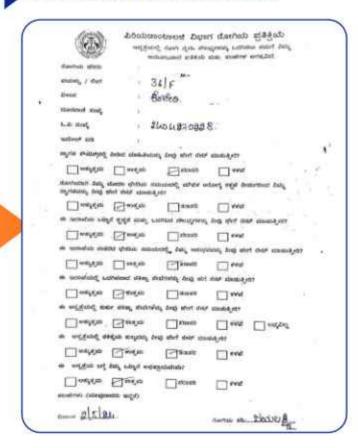
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

27 patients' feedback were collected and all were positive regarding the services offered by the department except for one who had problem with waiting time for referrals which will be resolved.

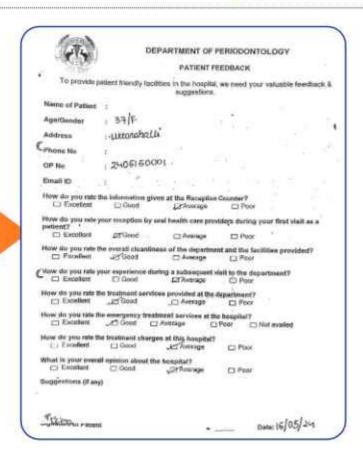
DEPARTMENT OF PROSTHODONTICS & CROWN AND BRIDGE

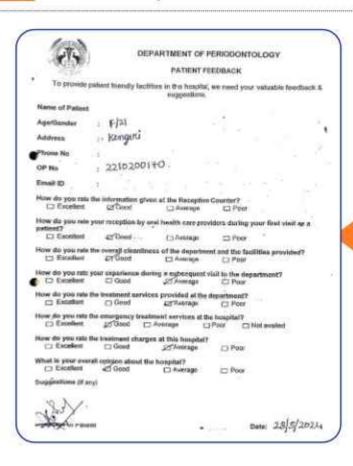
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DEPARTMENT OF PERIODONTOLOGY



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DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY













DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

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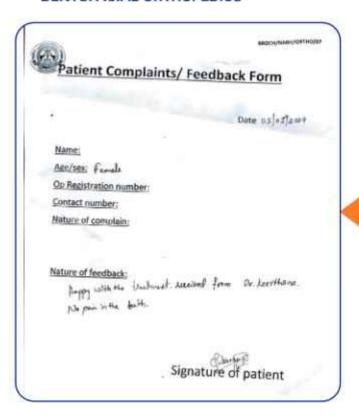
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Suggestions (# a	my)			
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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS



DEPARTMENT OF IMPLANTOLOGY









RajaRajeswari Dental College and Hospital, Bengaluru