



TATYASAHEB KORE DENTAL COLLEGE AND RESEARCH CENTRE

NEW PARGAON – 416 113

Tal.: Hatkanangale Dist.:Kolhapur (Maharashtra State)

National Dental Commission

INFORMATION REGARDING INSTITUTIONAL COMPLIANCE



4. Clinical Compliance

4.3 Case sheets are properly documented and preserved.

O. P. D. No. 87338



Date: 06/4/26

OUT PATIENT DEPT,

**Tatyasaheb Kore Dental College & Research Centre.
Mahatma Gandhi Hospital, New Pargaon.**



Name In Full : Ashlesha Dhunaji Jadhav

Age : 13/4 Sex : M / F Marital Status : M / S / W.

Address : Chunaki

At Post : _____ Tal. : Hat.

Dist. : Kop. Phone No. : 9359466462

MR - 1



Dr. Harish Kulkarni M.D.S
Principal
T. K. D. C. & Research Centre
New Pargaon, Tal. Hatkanangale
Dist. Kolhapur 416 127



TATYASAHEB KORE DENTAL COLLEGE & RESEARCH CENTRE.

NEW PARGAON - 416113, TAL : HATKANANGALE, DIST. : KOLHAPUR



OUT PATIENT CASE RECORD

O. P. D. No. : 87338

Pt's Name : Ashlesha bhayji Jadhav

Age & Sex : 13/F Martial Status _____

Occupation : _____

Address : Chuneda

Ph. No. _____

Chief Complaint: Pt do pain in upper right back tooth region of jaws since

History of Present Illness: Pt do pain intermittent, throbbing type of pain which

Relavant Medical History: No relevant history aggravates on mastication

Past Dental History: No relevant history

Family History: No relevant history

Personal History: Pt cleans her tooth twice a day with toothpaste & toothbrush.

Hard Tissue Examination: ^{Grade II} Mobility tooth 55, proximal caries 85

Soft Tissue Examination: Gingiva is soft firm & resilient.

Investigation Adviced :

Diagnosis & Treatment Plan

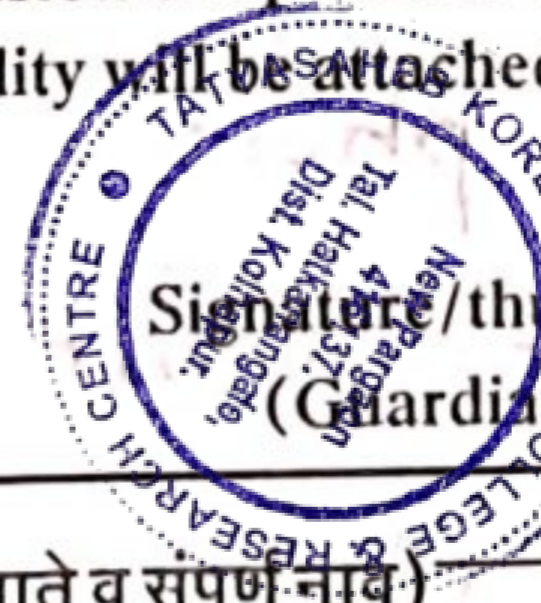
Grade II mobility <u>55</u>	PIP	Refer to pedo.	⑤
Dental caries <u>85</u>	FIT	Refer to pedo	⑤

Students Signature Sammudhi (IX)

Staff Signature [Signature]

PATIENT'S CONSENT :

I Son / wife / Husband / Guardian of..... aged..... unreservedly and to my full sense give my complete consent for my diagnostic examinations, biopsy, transfusion or operation under any type of a naesthesia and agree that in case of any untoward incidents no responsibility will be attached to the surgeon / Medical officer.



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मी. Ashlesha bhayji Jadhav

या पत्रकाद्वारे माझ्यावर / माझे नातेवाईक (नाते व संपूर्ण नाते)

संबंधी शस्त्रक्रिया, चिकित्सा / शुश्रूषा करण्यासाठी संमती देत आहे. सदर शस्त्रक्रिया, चिकित्सा / शुश्रूषा कशा प्रकारची असेल व त्यांचे काय परिणाम होऊ शकतील, हे मला समजावून दिलेले आहे. सदर शस्त्रक्रिया किंवा चिकित्सा करताना अधिक किंवा इतर शस्त्रक्रिया शत्रुषा किंवा इतर उपाय जरूर पडल्यास त्या सर्वांनाही माझी संगती आहे. वरीलपैकी कोणत्याही बाबीसाठी भूल देणे किंवा बध्दरीकरण करणे यासाठीही माझी संमती आहे. त्यातील संभाव्य धोक्याची मला कल्पना आहे व त्याची योग्य ती काळजी येथे घेतली आहे याची खात्री आहे.

तारीख :

पेशंट / नातेवाईक याची सही

Date	Treatment Notes	Charges, Receipt No. & Date	Sign. of I/c Doctor
6/5/26	Dept of pedodontics etc. Pt clo pain in upper right- back tooth region of jaw since 4 days MH - No relevant history DH - No relevant history OIE - Prehedding mobility \bar{E} 55	9384	
	Advised IOPA \bar{E} 55 To pay 50/- Uttamra (I)	RECEIPT NO. 9384 DATE 6/4/26 AMOUNT 50/- SIGNATURE	
6/4/26	Dept of OMR IOPA done \bar{E} 55 - Manaki IV Vaidhauri I Treatment plan - Extraction Preventive phase - oral prophylaxis Restorative phase - Curative phase - Surgical phase - Extraction \bar{E} 55 Uttamra (I)		Dr. Harish Kulkarni M.D. Principal T.K.D.C. & Research Centre, Jew Pargaon, Tal. Hatkanangle, Dist. Kolhapur 416127



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Jew Pargaon, Tal. Hatkanangle,
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