

Fitness Certificate of Oral Rehabilitation by Providing Full Dentures Mandhahasam Project

Name of Patient :
Age : Sex: Male/Female
Address with Mobile No. :
Diagnosis of Dental Condition :
Condition of the Ridge :
Investigation Finding (Enclose details) :
Dental Intervention/procedures Suggested (In details) :

Details of Co-Morbidity

Whether diagnosed case of Diabetes : Yes/No

If 'Yes' whether treatment
(Details to be enclosed) : Yes/No

Whether diagnosed case of HTN : Yes/No

If 'Yes' whether on treatment (Details to be enclosed) : Yes/No

Details of any other Co-morbidities, allergies or
other systemic condition (Details to be enclosed) :

Any contra indication of major surgery :

Name, Designation
Signature of Govt. Dental Surgeon

Place:

Date:
(Office seal)