

**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)