



NOVEMBER 2023 EDITION

Raja Rajeswari Dental College & Hospital

NEWSLETTER



DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

Kannada Rajyothsava Celebrations



DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

Children's Day Celebration



▶ DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY



*Children's
Day
Celebration*

Kannada Rajyothsava Celebrations



**KANNADA RAJYOSTHVA –
FIRST PLACE INTER-DEPARTMENT
COMPETITION**



DEPARTMENT OF PUBLIC HEALTH DENTISTRY

National Tooth Brushing Day 2023 (Event organised - Date: 05/11/2023 & 07/11/2023)

1. Dental camp and Tooth brushing awareness program at Subramanyapura Bangalore
2. Tooth brush Distribution and Tooth brushing awareness program organised at Chunchunkuppe satellite centre & PHC Chandrappa circle, Bangalore

Dental screening and proper tooth brushing awareness programs were carried out in observance of National tooth brushing day through the following activities:

1. A dental screening and awareness camp at Subramanyapura, for the needy as part of a multi speciality medical camp in which 100 patients were screened, provided referrals for treatment required and also given free toothbrush and toothpaste. Demonstration of correct tooth brushing was done with models and hands on approach. The program was well received by the participants.
2. A dental screening and awareness camp at Chandrappa circle and Chunchunkuppe Satellite Centre, for the needy as part of multi speciality medical camps in which 20 patients were screened, provided referrals for treatment required and also given free toothbrush and toothpaste. Demonstration of correct toothbrushing was done with models and hands on approach. The program was well received by the participants.



CASE OF THE MONTH**DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY****PROSIALOLITHIASIS INVOLVING RIGHT SUBMANDIBULAR SALIVARY GLAND**

A female patient reported to the department with the complaint of pain on lower right back teeth since 20 days. She also gives history of swelling associated with pain in right submandibular region which aggravates during meal time since 20 days and history of similar pain was present since 2 years which used to subside on taking medications.

On extraoral examination, a solitary diffuse swelling present over right submandibular region measuring approximately about 2 x 2 cm which is firm to hard in consistency, fluctuant and tender on palpation. On hard tissue examination, missing teeth i.r.t 16, 17, 18, 24, 25, 26, 27, 28, 31, 32, 37, 38, 41, 42, 47 with Grade II mobility i.r.t 34, 35 and Grade III mobility i.r.t 33, 36, 43, 44, 45, 46.

Based on clinical findings, provisional diagnosis of sialolithiasis involving right submandibular salivary gland was given.

She had an orthopantomogram which showed well defined radiopacity measuring about 2x1cm present near right lower border of mandible. She was subjected to CBCT examination which revealed well defined radiopacity medial to lingual cortical plate over the right submandibular region measuring about 7.9 x 8.3 mm. Based on radiographic findings, a diagnosis of sialolith involving right submandibular salivary gland was given.

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE**REHABILITATION OF MISSING LEFT EYE IN A COMPLETE DENTURE PATIENT**

Pre operative photograph

C D - primary impression
MaxillaryC D - primary impression
MandibularCustom tray for ocular
impressionOcular impression made using
light body PVSBorder molding and secondary impression -
Complete denture

Jaw relation recorded for CD



Try-in of CD



Fabricated Maxillary Denture



Fabricated Mandibular Denture



Wax pattern for ocular prosthesis



Try-in of Wax pattern for ocular prosthesis



Acrylization of customized eye shell



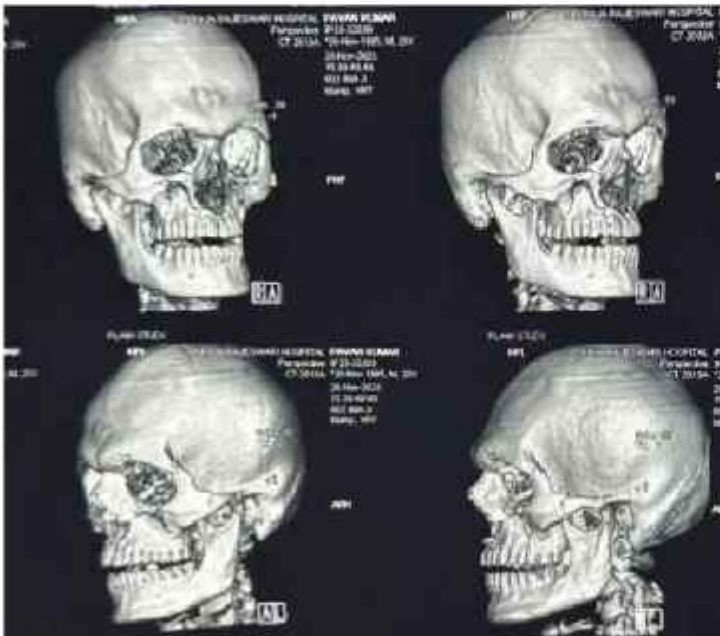
Customized iris painting



Insertion of ocular prosthesis

DEPARTMENT OF ORAL AND MAXILLOFACIAL SUREGERY

LE-FORT II FRACTURE



Preoperative CT Scan with 3D Reconstruction

A 28-year-old female patient reported to RRMCH casualty with a history of road traffic accident. On clinical examination complete maxillary mobility along with deranged occlusion was observed. Clinical examination and radiographic analysis revealed Le-Fort II facial fracture with palatal fracture and left FZ fracture. All the routine blood investigations were made. Patient was planned for open reduction and internal fixation. After the fixation of fracture with the miniplate, the maxilla was completely stable and satisfactory occlusion achieved. The site was closed with 3-0 vicryl. 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.



Fixation of right maxillary buttress



Fixation of left maxillary buttress



Fixation of left FZ fracture



Post operative occlusion

DEPARTMENT OF PERIODONTOLOGY

MANAGEMENT OF GINGIVAL RECESSION

Gingival recession is a common condition and its extent and prevalence increases with age. The increasing esthetic demands from patients require that clinicians sharpen their skills and adopt newer and more novel techniques to satisfy these demands. A 50-year old female patient reported with the complaint of sensitivity since 1 year. On intraoral examination, Miller Class I and II gingival recession with respect to 11, 12, 13, 14 was noted. Following Phase I therapy, surgical treatment of gingival recession was planned employing a novel technique that combines the feature of VISTA and Papilla augmentation technique to achieve predictable root coverage. This nascent technique has shown promise in this regard. Further it isn't highly technically demanding and minimizes post-operative morbidity when compared to many other techniques presently in use.



1. Pre operative



2. Horizontal incision with subperiosteal tunneling



3. Coronal advancement of flap



4. Injection of hyaluronic acid



5. Sealing of incision with cyanoacrylate



6. Post-operative

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

CONSERVATIVE MANAGEMENT OF CHRONIC DENTOALVEOLAR ABSCESS WITH EXTRAORAL AND INTRAORAL SINUS TRACT IN A YOUNG PERMANENT MOLAR

A 11-year-old male patient reported to our Department with a chief complaint of non-healing skin opening on lower left cheek region for 1 month and pus discharge since 2-3 days, also complaints of pain and swelling in the lower left back tooth region since 2 months, pain is of gradual onset, moderate in intensity, gnawing type of pain, intermittent in nature, no aggravating or relieving factors. On extraoral examination, an erythematous area which was tender & warmth on palpation, of approximately 1.8x1cm in diameter was found along the inferior left border of the mandible approximating the angle of the mandible, extra oral sinus tract with pus discharge was evident from the lesion. Intraoral hard examination revealed deep dentinal caries wrt 36, and soft tissue examination revealed vestibular obliteration and sinus tract in the buccal vestibule of 36, and was tender on palpation.



Extraoral sinus tract in the lower left border of the mandible



Presence of intraoral sinus tract in the buccal aspect of 36



Pre op OPG



PRE OP IOPA



Healing of the extraoral sinus tract



IOPA and OPG investigations revealed Chronic Dentoalveolar abscess wrt 36 with extra oral and intra oral sinus tract. The case was discussed and considering the age of the child and extent of the lesion, a non-surgical endodontic treatment was initiated followed by placement of triple antibiotic paste intracanal medicament. In the subsequent appointments after 15 days, healing of the intraoral and extraoral sinus tract was evident. Since the tooth was asymptomatic obturation with gutta percha followed by access cavity restoration with composite was done. Complete healing of the extraoral sinus was evident which indicates the significance of the disinfection procedure and it confirms the existing opinion of the management of such an endodontic infection. This case report strengthens the importance of proper diagnosis, conservative management. Conservative treatment of dental neglect should be taken into consideration whenever possible in children.

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

MANAGEMENT OF TRIFURCATION IN MANDIBULAR PREMOLAR

Background: Mandibular premolars are identified to have unusual root and canal anatomy which increases the risk of endodontic failure when additional canals remain undiagnosed. Trifurcation of mandibular premolar is a rare anatomical variation in the roots and canals of mandibular premolars. It is characterized by the presence of three canals that divide from one canal in the apical third region of the tooth. The prevalence of trifurcation in mandibular first premolar is between 0.4% to 5%. The treatment of trifurcation of mandibular first premolar in the apical third is challenging.

Case Report: A 30 year old patient reported to the department seeking treatment. Medical and Dental histories were not significant. Radiographic examination revealed split in the middle third of the root including buccal and lingual canals and a small rudimentary root w.r.t 35. Hence, Root Canal Treatment was done using bioceramic sealer.

Conclusion: Root Canal Treatment can be safely and reliably employed to treat such cases.



PRE - OPERATIVE



WORKING LENGTH



MASTER CONE

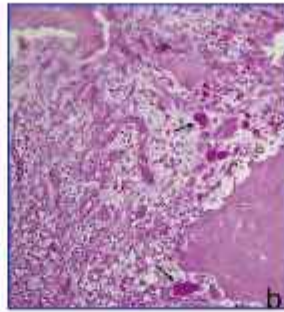
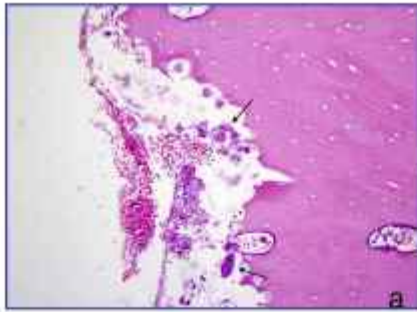


POST OPERATIVE

DEPARTMENT OF ORAL PATHOLOGY

OSTEOMYELITIS

A 48 year old male patient came with a chief complaint of pain & swelling in the left side of face since 3 days. Extra oral examination revealed diffuse swelling present on left middle 3rd of face measuring about 7x7 cms extending supero- inferiorly from infraorbital region till 2-3 cms below the lower borders of mandible, medio- laterally from corners of mouth till angle of the mouth. Skin over the swelling appears stretched and shiny. On palpation swelling is firm and tender. There is local rise in temperature. Intra oral examination revealed vestibular obliteration in relation to 36 and 37. 36 & 37 were tender on vertical percussion. Based on clinical features provisional diagnosis of osteomyelitis was given. Extraction of 36 and 37 and lingual decortications was done. Hard tissue specimen was sent for histopathological evaluation of the specimen showed mature bony trabeculae, woven bone, and a sheet of fibrocollagenous tissue densely infiltrated by chronic inflammatory cell infiltrate, giving an impression of chronic osteomyelitis.



H&E stained section showing features of chronic sclerosing osteomyelitis. (20x)

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

CASE REPORT

NAME: -----

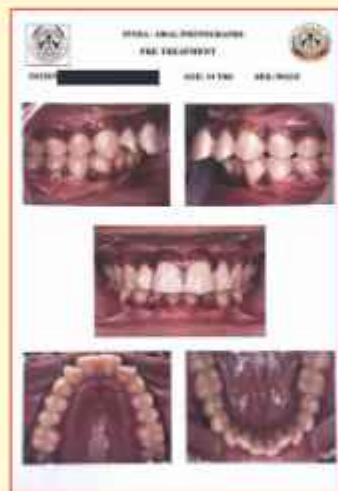
AGE/SEX: 14/M

OP.NO: -----

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 43 y/o female patient reported to our department with mobile teeth in upper front region of jaw and wanted implant supported fixed prosthesis. After CBCT evaluation and prosthetic planning, 4 endosseous root-form implants were placed after extracting mobile upper front teeth followed by prosthetic rehabilitation after 3 months.



Pre operative



Implant Placement



Pre OP OPG



Metal Trial



Final Prosthesis



PUBLICATIONS

Sl. No.	TITLE	JOURNAL & ISSUE	AUTHORSHIP
DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE			
1.	SILVER DIAMINE FLUORIDE: A NARRATIVE REVIEW	Journal of Namibian Studies	• Dr Srilakshmi J
2.	EVALUATION OF EFFECT OF CURCUMIN COATED TITANIUM DISC ON OSTEOBLASTS CELLS- AN INVITRO STUDY	International Journal of Pharmaceutical Research & Application	• Dr Srilakshmi J • Dr Rayeesa • Dr Shwetha Poovani
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS			
1.	CAD/CAM IN ORTHODONTICS	International Journal of Scientific Research, Volume 12, Issue 9	• Dr. Siddharth Arya • Dr. Shwetha G S • Dr. Lokesh N K
2.	SELF LIGATION IN ORTHODONTICS	International Journal of Dental Science and Clinical Research, Volume 5, Issue 3	• Dr. Siddharth Arya • Dr. Shwetha G S • Dr. Shashikumar H C

BOOK PUBLICATIONS

Sl. No.	TITLE	PUBLISHER	ISSUE
DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE			
1.	SURFACE MODIFICATIONS ON TITANIUM, ZIRCONIA & PEEK IMPLANTS	Scholars' Press	• Dr Shwetha Poovani • Dr Srilakshmi J • Dr Rayeesa





Student Awards

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

1. Dr Rashmi was awarded 2nd Place in quiz competition conducted by 3M Oral care Post Graduate Conclave held at 3M R&D centre
2. Department of Prosthodontics was awarded 1st prize in the inter departmental competition in Rajyothsava theme decoration of the department.
3. Under graduate Dental Materials University Exam Result – 100%
4. 1st year Postgraduate University exam result – 84%

INVITED LECTURES

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY



Dr. Poornima C., Professor and Head, delivered an Invited Guest Lecture on “Introduction to Cone Beam Computed Tomography” at CDE program organized by DIAGNODENT 3D, Dental and Maxillofacial Imaging Centre in association with IAOMR and Villa India held at Bengaluru, on 5th November 2023.

Dr. Mahesh Kumar T.S., Professor, delivered an Invited Guest Lecture on “CBCT in Implantology and Endodontics” and also provided “Hands on Course” on various tools in CBCT software at CDE program organized by DIAGNODENT 3D, Dental and Maxillofacial Imaging Centre in association with IAOMR and Villa India held at Bengaluru, on 5th November 2023.



OUTREACH PROGRAM

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Sl. No.	Date	Place of Camp conducted
1.	01/11/2023	Basavehwara Nagar
2.	05/11/2023	Ambur, Tamil Nadu
3.	05/11/2023	Subramanyapura
4.	07/11/2023	Chunchunkuppe satellite centre & PHC Chandrappa circle , Bangalore
5.	10/11/2023	Nirashritara Parihara Kendra
6.	24/11/2023	Nirashritara Parihara Kendra
7.	24/11/2023	Ambur, Tamil Nadu
8.	25/11/2023	Ambur, Tamil Nadu

OPD STATISTICS
DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

New Cases	Old Cases	Total Cases	Patients per day
6374	6522	12896	586

SPECIAL CASE STATISTICS:

	Total number of cases		Total number of cases
Pulpal And Periapical Diseases, Space Infections	670	Salivary Gland Diseases	03
Gingival and Periodontal Diseases	324	Temporomandibular Diseases, Neuralgias and Muscle Diseases	23
Mucosal Lesions, Oral Potentially Malignant Disorders, Malignancy	44	Growths And Benign Conditions	03
Trauma Cases	12	Congenital Disorders	08
Bone Pathologies	08	Radiation Induced Mucositis	02

DEPARTMENT SPECIFIC STATISTICS:

Space infection	16	Gingival enlargement	04	Oral Lichen planus	05	Smoker's palate	04	Leukoplakia	07
Oral submucous fibrosis	06	Aphthous Ulcer	02	Smoker's melanosis	02	Traumatic ulcer	03	Frictional keratosis	02
Non healing ulcer	01	Anaemic stomatitis	01	Hairy tongue	01	Erythroplakia	01	Benign migratory glossitis	02
Candida leukoplakia	01	Carcinoma of Gingivo -buccal sulcus	02	Carcinoma of tongue	01	Carcinoma of maxilla	01	Denture stomatitis	01
Epulis fissuratum	01	Radiation induced mucositis	01	Radiation induced fibrosis	01	Soft tissue injury	01	Fracture cases	08
Avulsion of tooth	02	Subluxation	01	Radicular cyst	03	Dentigerous cyst	01	Osteomyelitis	01
Mucoys retention cyst of maxillary sinus	01	Focal cemento osseous dysplasia	01	Oro-antral communication	01	Sialolithiasis	01	Mucocele	01
Sjogren syndrome	01	Disc displacement with reduction	10	Myofascial pain	07	Bruxism	02	Bell's palsy	01
Trigeminal neuralgia	01	Fibrous ankylosis of TMJ	01	Orofacial dystonia	01	Traumatic fibroma	02	Neuro fibromatosis	01
Dental fluorosis	06	Mesiodens	01	Amelogenesis imperfecta	01				

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE

Total no of working days:	Total no of Cases treated:	New	Revisited
22	1299	324	975

OPD STATISTICS
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Total Cases	PG Cases	UG Cases	Major OT
2264	832	789	3

DEPARTMENT OF PERIODONTOLOGY

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

NOVEMBER	
Total	1447
Scaling	120
Topical fluoride	99
Pit and fissure sealants	130
G.I.C.	120
Amalgam	07
Composite	102
I.P.C	30
D.P.C	17
Pulp Therapy	94

RCT	66
Extraction	104
Space Maintainer	24
Minor orthodontics	07
Apexification	07
Stainless steel crown- Primary	72
Stainless steel crown- Permanent	25
Strip Crowns	10
Traumatic Injuries splinting	02
Minor surgical procedures	03

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

STATISTICS FOR THE YEAR 2023					
MONTH	No of working days	New visit	Re visit	Total	Average
NOVEMBER	22	1187	919	2106	96

UG STATISTICS FOR THE YEAR 2023					
MONTH	TOTAL NO OF CASES	AMALGAM	COMPOSITE	GIC	TF
NOVEMBER	173	69	13	60	31

OPD STATISTICS**PG STATISTICS FOR THE YEAR 2023**

MONTH	TOTAL NO OF CASES	AMAL GAM	COMP OSITE	GIC	RCT	CROWN	P&C	INLAY	ONLAY	SURGERY
NOVEMBER	584	00	79	35	234	9	00	00	01	00

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

MONTH	OPD		TOTAL
	NEW	REVISIT	
NOVEMBER 2023	773	1124	1987

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
NOVEMBER	8	394	89	104	587

OPD NOVEMBER MONTH STATISTICS

MONTH	TOTAL NO OF CASES
NOVEMBER	168

TREATMENT WISE PATIENT STATISTICS FOR THE MONTH OF NOVEMBER 2023

SL.NO	TREATMENT DONE	NUMBER OF PATIENTS
1.	Extraction	2
2.	Restoration	15
3.	Oral prophylaxis	90
4.	Pit and fissure sealant	08
5.	Fluoride	07
6.	Health Education	57
7.	Tobacco cessation counselling	14
	TOTAL	193

OPD STATISTICS

DEPARTMENT OF ORAL IMPLANTOLOGY

STATISTICS FOR THE MONTH OF NOVEMBER 2023

MONTH	IMPLANT	OPD	PROSTHETIC	FAIL IMPLANT
NOVEMBER	9	25	52	NIL

DEPARTMENT OF ORAL PATHOLOGY

OPD NOVEMBER MONTH STATISTICS : 425

INTER DEPARTMENT MEET

DEPARTMENT OF PROSTHODONTICS CROWN AND BRIDGE



Conducted the IDM by Final year MDS students on the topic: "Contemporary Prosthodontic Treatment – Recent Insights from Digital Innovations"



arnataka, India

ge Of Engineering It Block, Rajajeswari College Of Engineering, I
ka 560074, India

Student Corner



▶ DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

"A child can always teach an adult three things, to be happy for no reason, to always be busy with something and to know how to demand with all his might that which he desires."

Children are the best creation of God .Being around them awakes the child in you. Every child is unique, so is their smile, lets make their childhood memorable by ensuring a good oral health .A child's eyes, a child's pearly smile, a child 's cry , a child 's innocence are the twinkles of our world. Let these pearly smiles never fade away by motivating them to brush twice a day.

May the love and laughter always stay on every child face.

We dentists wishing u a very "Happy Children's day"

Dr. Rohith .A.Babu : Dr. Rishitha. B : Dr. Shivani Gupta : Dr. Shambhavi Singh (19-D Interns)

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

 **RAJA RAJESWARI DENTAL COLLEGE AND HOSPITAL, BANGALORE.**

AAC/ ANNEKURE / PATIENT SERVICE FEEDBACK

NAME: Marcella Sathumbari AGE: 42 years / female

ADDRESS: Electronic City TELEPHONE NO: 9123679628

SERVICES TAKEN FROM RRDCH: Complete denture DATE: 10/11/23

HOSPITAL REGISTRATION NO: 2305020335

SL. NO	QUESTION	YES	NO
1	Are you aware of the availability of the patient services at RRDCH?	☒	☐
2	Did you notice the display boards of these services at RRDCH?	☒	☐
3	Was the information easy to get from these display boards?	☒	☐
4	Did you get a copy of Patient Information booklet/pamphlet, at RRDCH, having the study material on the availability of the whole range of services at RRDCH?	☐	☒
5	Were the display boards adequate in number and appropriately located?	☒	☐
6	Was the information clear and adequate?	☒	☐
7	Was the services promptly provided to you on the first visit?	☒	☐
8	Please specify the time it took to get your first appointment after you registered with RRDCH services.	☒	☐
9	How was your patient hearing in respect to your problems at the time of assessment?	☒	☐
10	Was he/she able to give all the information clearly and adequately?	☒	☐
11	Were you reassured on your subsequent visits and additional treatment / guidance?	☒	☐
12	Are you satisfied with the process of your assessment at RRDCH?	☒	☐

PLEASE GIVE YOUR SUGGESTIONS

I'm very happy with my complete denture, especially the eye mechanism done for my left eye. Overall satisfied with treatment.

[Signature]

DEPARTMENT OF PERIODONTOLOGY



DEPARTMENT OF PERIODONTOLOGY

PATIENT FEEDBACK

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

Name of Patient : Nagappa
Age/Gender : 32 years / Male
Address : Safanajwani nagar, Bangalore
Phone No : 8254540106
OP No : 231000374
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

Date: 8/11/23



DEPARTMENT OF PERIODONTOLOGY

PATIENT FEEDBACK

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

Name of Patient : Anand
Age/Gender : 27 / M
Address : Kuguri, Bangalore
Phone No : 988099408
OP No : 231000209
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

Date: 21/11/23



DEPARTMENT OF PERIODONTOLOGY

PATIENT FEEDBACK

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

Name of Patient : Abhinav
Age/Gender : 36 / M
Address : Nijaynagar, Bangalore
Phone No : 9914825657
OP No : 23100050251
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

Date: 16/11/23



DEPARTMENT OF PERIODONTOLOGY

PATIENT FEEDBACK

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

Name of Patient : Satish
Age/Gender : 40 years
Address : Kumbalgode, Bangalore
Phone No : 9841201021
OP No : 231000503
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

Date: 21/11/23

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Saenandira DATE: 3/11/2023
 AGE/SEX: 15yrs / Female OP REGIST NO: 2311030246
 T NO: _____

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	☒			
EASE OF APPOINTMENT		☒		
TREATMENT DONE				
TREATING DOCTOR				

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: Rajeev

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Kishore DATE: 11/1/23
 AGE/SEX: 8/M OP REGIST NO: 2311030246
 CONTACT NO: 9741844040

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	☒			
EASE OF APPOINTMENT	☒			
TREATMENT DONE				
TREATING DOCTOR	☒			

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF P: _____

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Samarak DATE: 20/1/23
 AGE/SEX: 5/M OP REGIST NO: 2311030183
 CONTACT NO: 8880878141

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	☒			
EASE OF APPOINTMENT	☒			
TREATMENT DONE				
TREATING DOCTOR	☒			

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: _____

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Jeevan DATE: 11/1/23
 AGE/SEX: 13/M OP REGIST NO: 2311030246
 CONTACT NO: 9380747111

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK				
EASE OF APPOINTMENT				
TREATMENT DONE				
TREATING DOCTOR				

OVER ALL SATISFACTION: ☐ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: _____

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Ajeeta DATE: 21/1/23
 AGE/SEX: 7/F OP REGIST NO: 41355
 CONTACT NO: 9811559285

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK	☒			
EASE OF APPOINTMENT	☒			
TREATMENT DONE				
TREATING DOCTOR	☒			

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: _____

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Dino Bafanina DATE: 21/1/23
 AGE/SEX: 14/M OP REGIST NO: 2311030246
 CONTACT NO: 9973700071

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK				
EASE OF APPOINTMENT		☒		
TREATMENT DONE		☒		
TREATING DOCTOR		☒		

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: _____

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Adarsh DATE: 23/1/23
 AGE/SEX: 14/M OP REGIST NO: _____
 CONTACT NO: 9886293061

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK		☒		
EASE OF APPOINTMENT		☒		
TREATMENT DONE		☒		
TREATING DOCTOR		☒		

OVER ALL SATISFACTION: ☒ VERY SATISFACTORY / SATISFIED / UN SATISFIED

SIGNATURE OF PATIENT: P. S. Srinivas

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

OUT PATIENT FEEDBACK FROM

NAME: Sunay Kumar DATE: 4/1/23
 AGE/SEX: 14 / M OP REGIST NO: 98619
 CONTACT NO: 9290608246

RATE YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF YOUR VISIT

TITLE	VERY GOOD	GOOD	FAIR	POOR
RECEPTIONIST DESK				
EASE OF APPOINTMENT				
TREATMENT DONE				
TREATING DOCTOR				

OVER ALL SATISFACTION: ☐ VERY SATISFACTORY / SATISFIED / UN SATISFIED

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 : Abhishek
 Age/Gender : 30 / Female
 Address : Ram Nagar
 Phone No : 9811555555
 OP No : 251016020
 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

Date: 20-11-2023



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 : Abhishek
 Age/Gender : 30 / F
 Address : Ram Nagar, Ram Nagar
 Phone No : 9811555555
 OP No : 251016020
 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

Date: 20-11-2023



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 : Pooja
 Age/Gender : 30 / Female
 Address : Munirajpur, Chhapra
 Phone No : 9165555555
 OP No : 251016020
 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

Date: 17-11-2023



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 : Pooja
 Age/Gender : 30 / Female
 Address : Munirajpur, Chhapra
 Phone No : 9165555555
 OP No : 251016020
 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

Date: 20-11-2023

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 : NAVEEN

Age/Gender : 34 / M

Address : Karagam, Mysore

Phone No : 9500419609

OP No : 2023000000

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

Date: 16-11-2023

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS



RRDCH/ORTHODONTICS

Patient Complaints/ Feedback Form

Date: 8/11/23

Name: Dr. Naveen

Age/sex: 34/M

Op Registration number: 1309210348

Contact number: 9500419609

Nature of complain:

Nature of feedback: I am satisfied with the treatment and the college doctors are very cooperative and helped me understand the treatment process which was explained to me in detail. I am happy with my life treatment.

Signature of patient



RRDCH/ORTHODONTICS

Patient Complaints/ Feedback Form

Date: 8/11/23

Name: Dr. Naveen

Age/sex: 34/M

Op Registration number: 1309210348

Contact number: 9500419609

Nature of complain:

Nature of feedback: I am satisfied with the treatment and the college doctors are very cooperative and helped me understand the treatment process which was explained to me in detail. I am happy with my life treatment.

Signature of patient

DEPARTMENT OF IMPLANTOLOGY

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: [REDACTED] Date: 08/11/2023
 AGE/SEX: 34 years / female
 OP REGISTRATION NUMBER:
 CONTACT NUMBER: [REDACTED]
 NATURE OF COMPLAINT:

Tooth Implant

NATURE OF FEEDBACK: Treatment 10/3/23

[Signature]
 SIGNATURE OF PATIENT

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: [REDACTED] Date: 04/11/2023
 AGE/SEX: 40/0/76
 OP REGISTRATION NUMBER:
 CONTACT NUMBER: [REDACTED]
 NATURE OF COMPLAINT: Tox implantation

NATURE OF FEEDBACK: I am very satisfied and grateful to the staff. The doctors have made sure that we are comfortable and we get best treatment and that too at a very affordable price.
 Thank you Dr. Jyoti and staff for such a great job well done.

[Signature]
 SIGNATURE OF PATIENT

PATIENT COMPLAINTS /FEEDBACK FORM

NAME: [REDACTED] Date: 17/11/23
 AGE/SEX: 41
 OP REGISTRATION NUMBER: 22.04/20030
 CONTACT NUMBER: [REDACTED]
 NATURE OF COMPLAINT:

No

NATURE OF FEEDBACK:

Good work

[Signature]
 SIGNATURE OF PATIENT



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