

**स्तम्भ-2**  
**एतद द्वारा प्रतिस्थापित परिशिष्ट**  
**परिशिष्ट-ग**  
**(भाग-पाँच-नियम 16 तथा 18 देखें)**

सेवा में ,

श्रीमान् महानिबंधक महोदय,  
माननीय उच्च न्यायालय,  
इलाहाबाद।

विषय :- **चिकित्सा उपचार पर किये गये व्यय रु05,000/- की प्रतिपूर्ति।**

महोदय,

मैं **चन्द्रोदय कुमार** मेरे पारिवारिक सदस्य .....X..... ने **स्वयं के दाँतों** के लिये दिनांक **18.08.2023** से **20.08.2023** तक **डा० नितिन साहू, Sahu Dental Care, Lalitpur** में उपचार करवाया है। मैं निम्नलिखित दस्तावेजों के साथ प्रतिपूर्ति के लिये दावा प्रस्तुत कर रहा हूँ :-

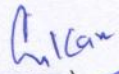
1- उपचारी चिकित्सक/चिकित्सालय के अधीक्षक द्वारा हस्ताक्षरित/प्रतिहस्ताक्षरित अनिवार्यता प्रमाण-पत्र।

2- उपचारी चिकित्सक द्वारा विधिवत हस्ताक्षरित एवं सत्यापित मूल नकद पर्ची (कैश मेमो), बीजक (बिल), बाऊचर।

3-यह प्रमाणित किया जाता है कि ऊपर नामित पारिवारिक सदस्य मुझ पर पूर्णतया आश्रित हैं और सामान्यतया मेरे साथ निवास करता है।

मेरे उपचारार्थ ..... X.....के पत्र संख्या ..... X.....दिनांक.....X द्वारा स्वीकृत रु0..... X.....के अग्रिम का समायोजन करने के पश्चात मेरे दावे की प्रतिपूर्ति के लिए यथा आवश्यक कार्यवाही करने की कृपा करें।

दिनांक :- 03.11.2023

  
(हस्ताक्षर)

नाम :- **चन्द्रोदय कुमार**  
पदनाम :- **जनपद न्यायाधीश,**  
**ललितपुर।**

प्रेषक,

मुख्य चिकित्सा अधिकारी  
ललितपुर।

सेवा में,

चन्द्रोदय कुमार,  
जनपद न्यायाधीश  
ललितपुर।

पत्रांक -

विषय -

मु0चि0अ0/चि0प्रति0पूर्ति/दावा-परी/2023-24/5408 दिनांक - 08/11/23  
श्री चन्द्रोदय कुमार जनपद न्यायाधीश ललितपुर द्वारा स्वयं के चिकित्सा उपचार पर किये गये व्यय प्रतिपूर्ति  
बिलों पर प्रतिहस्ताक्षर किये जाने के संबंध में।

महोदय,

उपरोक्त विषयक कृपया आपके पत्र संख्या 1780/XV ललितपुर दिनांक 03.11.2023 का अवलोकन करने का कष्ट करें, जिसके द्वारा श्री चन्द्रोदय कुमार जनपद न्यायाधीश द्वारा स्वयं के चिकित्सा उपचार पर व्यय किये गये रू0 5000/- परीक्षण उपरान्त प्रतिहस्ताक्षर कर वापस किये जाने के अनुरोध किया गया है।


तदानुसार उक्त दावे का परीक्षण चिकित्सा अनुभाग - 6 शासनादेश संख्या 2275/5-6-11-1082-87 दिनांक 20 सितम्बर 2011 उ0प्र0 सरकारी सेवक (चिकित्सा परिचर्या) नियमावली 2011 एवं चिकित्सा अनुभाग-6 शासनादेश संख्या 474/पांच-6-14-1082/87 टी0सी0 दिनांक 04 मार्च 2014 तथा चिकित्सा अनुभाग - 6 शासनादेश संख्या - 23/2019/126/पांच-6-2019-05 (रिट)/2018 दिनांक 16 जनवरी 2019 में निहित प्राविधानों के अंतर्गत किये गये एवं परीक्षणोपरान्त रू0 5000/- (रू0 पांच हजार मात्र) की धनराशि प्रतिपूर्ति हेतु संस्तुति की जाती है।

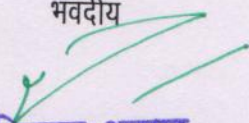
अतः संबंधित प्रतिपूर्ति दावे को मूलरूप संलग्न कर इस आशय के साथ वापस किया जा रहा है कि उक्त दावे पर आप अपने स्तर से अग्रिम कार्यवाही करने का कष्ट करें।

संलग्नक - प्रतिपूर्ति दावा मूलरूप में।

भवदीय

  
श्री पवन कुमार सिंह  
वरिष्ठ सहायक

  
डा० अन्वदेश चन्द्र  
उप मुख्य चिकित्सा अधिकारी  
ललितपुर

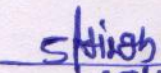
  
डा० अन्वदेश चन्द्र  
मुख्य चिकित्सा अधिकारी  
ललितपुर


श्रीमान

उक्त चिकित्सीय पत्रावली मुख्य चिकित्सा अधिकारी, ललितपुर  
की संस्तुति उपरान्त दिनांक 15-11-2023 को प्राप्त हो चुकी है।

अतः चिकित्सीय पत्र मा० उच्च न्यायालय, इलाहाबाद  
चिकित्सीय प्रतिपूर्ति स्वीकृति हेतु प्रेषित किये जा सकते हैं।

आशुभा सादर प्रस्तुत है

  
15/11/23  
बिल लिपि  
जिला जज, ललितपुर

  
पुनारी अधिकारी (चिकित्सीय प्रतिपूर्ति)  
जनपद - माथलम, ललितपुर

Seel  
y. Kumar  
D.J.

Not Admitted

Certified granted to Mrs./Mr./Miss- Chandroday Kumar.  
Wife /Son/daughter of Mr. shri Jagnath Singh.  
employed in the District Judge, Lalitpur.

CERTIFICATE 'A'

(To be completed in the case of patient who are not admitted to hospital for treatment)

Dr. Nitin Sahu, Dental Surgeon, Lalitpur. heareby certify :-

- (a) that I charged/received Rs. ....X.....for consultations on ...X... at may consulting room at the residence for the patient.
- (b) that I charged and received Rs. ...X.....for administering...X..... Intramuscular/subcutaneous injections on .....X.....at may consulting room/at the residence of the patient.
- (c) that the patient has been under treatment at .....X....hospital may consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recover/orovontions of serious detenoration in the condition of the patient. The medicines are not stocked in the (name of the hospital .....X.. fro the supply to private patients and do not proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily foods, toilets and disinfectants.

SL.	Name of Medicines	Quantity	Price
1. Bill/Cash Memo No. dt. 20-08-2023 Shriram Dental Clinic,Lalitpur			Rs.5,000=00
			<b>Total:- Rs.5,000=00</b>

Counter Signature for Rs. 5000/-  
(Rs. Five Thousand)  
As per Bill Attached & Checked by me.

Dr. NITIN SAHU  
B.D.S., M.I.D.A.,  
S.P.I.D.M.S., LUCKNOW  
ORO-DENTAL SURGEON  
D.C.I. Reg. No.-2999

AS  
Chief Medical Officer  
LALITPUR

- Carious tooth*
- (d) that the patient is /was suffering from 8/ and is /was my treatment from 18-08-2023 to 20-08-2023
- (e) that the patient is/was not given prenatal or postnatal treatment.
- (f) that the X-Ray, Laboratory test etc. for which an expenditure of Rs. ....X.....as in cured were necessary and ware undertaken on my advice at...X...
- (g) that I reoffered the patient to Dr .....X.....for specialist consultation and that the necessary of the .....X.....as required under the rules was obtained.
- (h) that the patient did not require/required under the rules for hospitalization.
- (i) I am not drawing any NPA/NPP.

Date:-

*Nitin* ✓  
**Signature & Designation of the  
 Medical Officer and the Hospital/  
 Dispensary to which attached.**

NB: Certificate not applicable should be struck off Certificate (A) is compulsory and must be filled in by the Medical Officer in all case.

**COUNTERSIGNED**

**Dr. NITIN SAHU**  
 B.D.S., M.I.D.A.,  
 S.P.I.D.M.S., LUCKNOW  
 ORO-DENTAL SURGEON  
 D.C.I. Reg. No.-2993

I Certify that the patient has been under treatment at the Dental Solutions, Lucknow. hospital and that the facilities provided were minimum which were essential for the patients treatment.

Place: -

Date: -

*Nitin* ✓  
**Medical Superintendent**  
 S.P.I.D.M.S., LUCKNOW  
 ORO-DENTAL SURGEON  
 D.C.I. Reg. No. 2993  
 .....Hospital

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the treatment of Sri. **Chandroday Kumar**,  
**District Judge, Lalitpur**. Was started in this hospital in Urgency/Emergency  
from **18-08-2023** for the treatment of ..... *Carious tooth 2 B1*

*[Signature]*  
Dr. NITIN SAHU  
B.D.S., M.I.D.A.,  
S.P.I.D.M.S., LUCKNOW  
PRO-DENTAL SURGEON  
Reg. No. 12834  
(Signature of treating doctor)

**Reimbursement Particular**


Patient's Name. Chandroday Kumar.

Doctor's Name. Dr. Nitin Sahu, Dental Surgeon, Lalitpur

Disease's Name. -----,-----

Treatment Period. 18.08.2023 To 20.08.2023

S. No	Bill No. & Date	Chemist/ Hospital Name	Amount	Due	Non Due
1	Bill/Cash Memo dt. 20-08-2023	Shriram Dental Clinic, Dental Surgeon, Lalitpur	5,000		
		<b>Total</b>	<b>5,000</b>		

  
**Dr. NITIN SAHU**  
B.D.S., M.I.D.A.,  
S.P.I.D.M.S., LUCKNOW  
ORO-DENTAL SURGEON  
D.C.I. Reg. No.-2993

# SAHU DENTAL CARE

Talabpura, Lalitpur (U.P.) Ph. : 05176-276077 (C)



Dr. Shri Ram Sahu

B.Sc., B.D.S., M.I.D.A.  
K.G.M.C. Lucknow  
DENTAL SURGEON  
D.C.I. Reg. No. 1069

Dr. Nitin Sahu

B.D.S. F.A.G.E.  
S.P.I.D.M.S. Lucknow  
DENTAL SURGEON  
D.C.I. Reg. No. 2993

Date 18/08/23


Smr. Chandroday Kumar

O/E: Disintegrated tooth after 17.6T  
Crown damage & of

Adv. Resonance Crown & of

Impression done for Crown  
on 18/08/23

Recall on 20/08/23

  
Dr. NITIN SAHU  
B.D.S., M.I.D.A.,  
S.P.I.D.M.S., LUCKNOW  
ORO-DENTAL SURGEON  
D.C.I. Reg. No.-2993

Timing : 10.00 बजे सुबह से लगातार 08.00 बजे रात तक  
यह पर्चा Medico-Legal Purpose के लिए नहीं है।

सुविधाएं - डेन्टल (X-RAY, Complete Denture) पूरी बत्तीसी (Bridge) फिक्सड वॉल लगाना (R.C.T.) रुट कैनाल ट्रीटमेंट  
(Orthodontics) टेडेमेडे वॉल सही करना R.P.D. (Oral Surgery) जबड़े का फेब्रज (Crown) टूटे वॉलों पर कैपिंग L.C. Filling, Impacted Extraction

Bill / Cash Memo

06



# SHRIRAM DENTAL CLINIC



Talabpura, Lalitpur (U.P.) Pin - 284403

**Dr. Shriram Sahu**

(Regd. No. 1069)

**Dr. Nitin Sahu**

(Regd. No. 2993)

No.

Date 20/08/23

Patient Name

Chandroday Kumar

Age/Sex

55 yrs / M.

Address

Civil lines / Session House

Date of Treatment

18/08/23 to 20/08/23

No.	Type of Treatment	No. of Teeth	Rate	Amount	
				Rs.	Ps.
①	Zirconia Crown.	8/ 1 unit.	5000/-	5000/-	

Amount in Words

Payus five thousand only

Dr. NITIN SAHU  
 B.D.S., L.D.S., L.D.S. (C)  
 S.P.I.D.M.S., L.D.S. (C)  
 ORO-DENTAL SURGEON  
 D.C.I. Reg. No. 2993

(Stamp)

- सुविधायें:**
- जबड़ों की सर्जरी
  - दाँतों को बिना दर्द के निकालना
  - दाँतों की नसों का इलाज (RCT)
  - दाँत मसूड़ों में मवाद व बदबू का इलाज
  - दाँतों की सफाई व मसाला भरवाना
  - नये दाँत, क्राउन, ब्रज, इम्प्लान्ट लगाना
  - टेढ़े-मेढ़े दाँतों का इलाज
  - बत्तीसी दाँत लगवाना
  - गुटखे से मुख कम खुलना
  - दाँतों में ठंडा व गर्म पानी लगाना
  - एक्स-रे की सुविधा उपलब्ध है



# RCT FRAMED

Issue 3

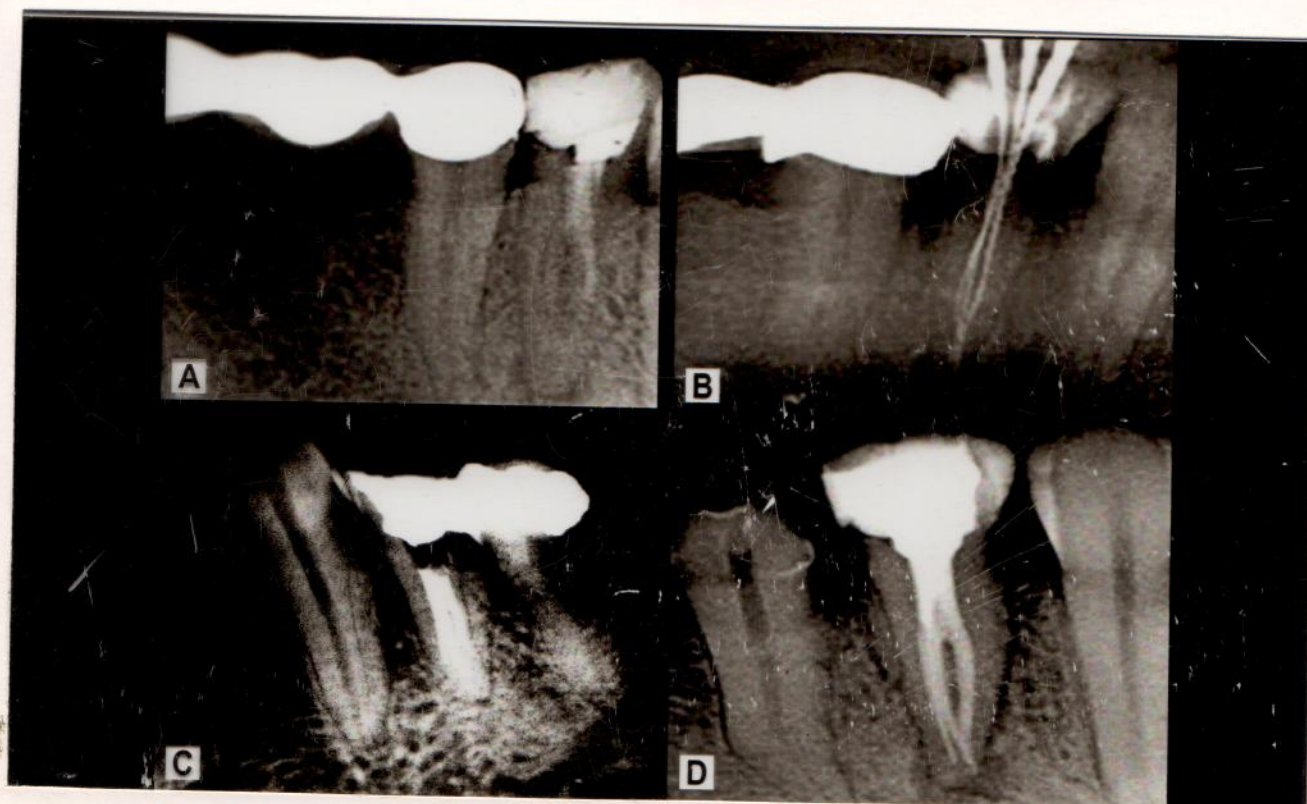
## A case of re-root canal therapy for an improperly restored tooth with missed canal

### Chief complaint

A 42-year-old woman presented to the department of conservative dentistry and endodontics with the complaint of severe pain in the right mandibular posterior region, which kept her awake throughout the night. The patient also had a fever of 100.1°F the previous night, which subsided initially with paracetamol but recurred 6 hours later.

### Past medical history

She had severe stabbing pain 6 weeks ago and was diagnosed with deep caries with pulpal inflammation at tooth 44, which needed an immediate root canal treatment (RCT followed by tooth preparation and crown placement). Upon completion of treatment, which lasted roughly a month, the patient continued to complain of discomfort at the base of the lower



**Figure 1.** Radiograph of mandibular first premolar  
 A: Preoperative with an inadequate endodontic treatment; B: Localization of the three root canals; C: Tooth after obturation with gutta-percha and Zinc oxide eugenol sealant taken from mesial angle. D: One-year follow-up radiograph

right first premolar. Initially, it was attributed to a problem of occlusion.

The patient's other demographic information, such as the medical and family histories, as well as her general examination, were normal.

### **Intra-oral clinical examination**

- Percussion: Pain on percussion with mandibular right first premolar
- The tooth showed composite restoration
- Tooth vitality test: Positive, suggesting pulpal tissue
- Buccal aspect of the tooth showed slight swelling with an evidence of a draining sinus

### **Radiology**

Radiography revealed an inadequate root-canal obturation with untreated root canals [Figures 1A and 1B]. After removal of composite restoration the gutta

percha visible in the pulp chambers was extracted using files. Post this, an x-ray was taken which showed a further root canal which may not have been noticed and had therefore not been treated.

### **Clinical diagnosis**

Improperly restored tooth with missed canal showing periapical abscess and periodontitis.

### **Treatment plan**

Non-surgical endodontic treatment

### **Treatment procedure**

The tooth was anesthetized, isolated with rubber dam, and reopened. The buccal cusp was reduced to provide for adequate access. Then, three distinct root canal orifices were discovered: a mesiobuccal, a distobuccal, and a lingual one. Gates-Glidden burs were used to widen the orifices, and size 10 reamers were carefully used to instrument them. The lingual

