

MEGHNA INSTITUTE OF DENTAL SCIENCES- AUGUST, 2026

CENTRAL LASER CLINIC

S.NO	Name of Procedures	No. of Procedures	Description if any
1	Gingivectomy	6	Perio
2	Operculectomy	3	Perio
3	Crown Lengthening	4	Perio
5	Frenectomy	3	Perio
6	Periodontal Pocket Disinfection	2	Perio
7	Implant exposure	4	Perio
8	Depigmentation	4	Perio
9	Photobiomodulation	4	OMR
10	Deepithelialization-Free Gingival Graft	3	Perio
11	Excision(Fibroma/Pyogenic Granuloma)	3	OMR
12	Endodontic Disinfection(SWEEPS)	4	Endo

PROFESSOR & HOD
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Signature of HOD