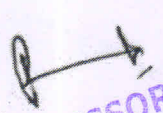


MEGHNA INSTITUTE OF DENTAL SCIENCES- MAY 2026

S.NO	Name of Procedures	No.of Procedures	Description if any
1	Gingivectomy	4	PERIO
2	Operculectomy	3	PERIO
3	Crown Lengthening	3	PERIO, ENDO
5	Frenectomy	3	PERIO
6	Periodontal Pocket Disinfection	8	PERIO
7	Implant exposure	4	PERIO
8	Depigmentation	4	PERIO
9	Photobiomodulation	8(P)2(O)	PERIO, OMR
10	Deepithelialization-Free Gingival Graft	4	PERIO
11	Mucocele Excision	2 (P)2(O)	PERIO, OMR
12	Endodontic Disinfection(SWEEPS)	4	ENDO


PROFESSOR & HOD
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Signature of the HOD