

MEGHNA INSTITUTE OF DENTAL SCIENCES- AUGUST, 2026

CENTRAL LASER CLINIC

S.NO	Name of Procedures	No. of Procedure	Description if any
1	Gingivectomy	8	Perio
2	Operculectomy	10	Perio
3	Crown Lengthening	10	Perio
4	gingivoplasty	7	perio
5	Frenectomy	6	Perio
6	Periodontal Pocket Disinfection	10	Perio
7	Implant exposure	15	Perio
8	Depigmentation	3	Perio
9	Photobiomodulation	4	OMR
10	Deepithelialization-Free Gingival Graft	8	Perio
11	Excision	6	OMR and Perio
12	Endodontic Disinfection(SWEEPS)	51	Endo


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