

ISOI FELLOWSHIP APPLICATION

NAME:

ADDRESS:

MOBILE No.:

CASE 1

Name of Patient:

Age/Sex:

Type of case: (Single/Multiple/Full arch - Mx. or Md.)

Procedure: (Surgical/ Flapless/ CT Guided etc)

Implant: Name & Company, Length & diameter with details (e.g. IMPLANT, XYZ Co, Manufacturer, Place - 4mm(dia) x 10mm(length) Blasted surface, Acid-etched, Custom-made etc)

Medical History:

INSTRUCTIONS

- REPEAT FOR CASES 2 – 10 (LIKE CASE 1) WITH CORRECT NO. ON EACH SLIDE.
- CLICK 'INSERT PICTURE' ICON TO ADD PICTURES.
- TOTAL SLIDES = 41 (FIRST SLIDE + 40 CASE SLIDES. OMIT THIS PARTICULAR SLIDE)

CASE 1 - RADIOGRAPHS

PRE-OPERATIVE OPG

Date of photo:

POST-SURGICAL OPG

Date of photo:

POST-RESTORATION (with prosthesis)

Date of photo:

OPG (after 1 year of restoration)

Date of photo:

CASE 1 Post-Restoration photos

Date of photos:

FRONTAL

PROTRUSIVE

OCCLUSAL, MANDIBULAR

OCCLUSAL, MAXILLARY

CASE 1 Photos (continued)

Date of photos:

LEFT LATERAL VIEW

RIGHT LATERAL VIEW

RIGHT WORKING

LEFT WORKING