

APPLICATION FOR ISOI

FELLOW/MASTERSHIP/DIPLOMATE

(Retain applicable level)

- APPLICANT:

- ADDRESS:

- Mobile:

- Email:

CASE No.

- Name of Patient: Age/Sex:
- Diagnosis:
- Type of case & Treatment plan: (Single/Multiple/Full arch - Mx. or Md. Explain in detail)
- Procedure: (Surgical/ Flapless/ CT Guided etc. - Explain in detail)
- Implants & augmentation material: Name & Company, Length & diameter with details (e.g IMPLANT, XYZ Co, Manufacturer & Country –Blasted, Acid-Rxed, Custom-made etc.) Graft material –full details.
- Medical History:
- Dental History:

CASE NO: PHOTOGRAPHS 1-4 POST-OP (MIN. 1 YEAR)

View 1- Front: Centric Occlusion

View 2- Front: Protrusive

View 3- Right: Centric Occlusion

View 4- Left: Centric Occlusion

CASE NO: PHOTOGRAPHS 5-8 POST-OP (MIN. 1 YEAR)

View 5- Front: Right Excursive

View 6- Front: Left Excursive

View 7- Maxillary Occlusal

View 8- Mandibular Occlusal

CASE NO: OPG RADIOGRAPHS 1-4 (MIN. 1 YEAR)

View 1 – Pre-surgical

View 2 - Immediate Post Surgical

View 3- Immediate Post Prosthetic

View 4 - 1 Year Follow up