

Osseointegration Society of India Diplomat Application

2. Corresponding Address:	
Road	
City St	tate Zip
Country	
Telephone Number	
E-mail	
4. Qualifications:	
Bachelor's degree	
Name of University /	Place Date of Graduation
Masters	
Name of University /	Place Date of Graduation
Post-Doctoral	
Name of University / Place Date	of Graduation
5.Country of Registration / Licer	nsure:
Registration / Licensure number	r:
6.Specialty	
7. Membership number:	
8.Fellowship number:	

Cases Documentation Format

DIPLOMAT CANDIDATE NAME:

1. Present day condition:

- i. Satisfactory (S)
- ii. Compromised (C)
- iii. Failed (F)

SI no	Patient Details	Implant site	Date of implant placement	Implant Manufacturer Details	Stage II surgery	Date of restoration	Type of restoration	Any additional procedures	Immediate Temporization	Present day condition	Sigr