**FORMATO CASO CLÍNICO/PRESENTACIÓN DE INVESTIGACIÓN**

**COMITÉ DE INVESTIGACIÓN DE LA FACULTAD DE ESTOMATOLOGÍA**

**Título caso clínico / título de proyecto de investigación:**

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**Título del Congreso, fecha y lugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Modo de participación: Oral\_\_\_\_\_\_\_\_ Cartel\_\_\_\_\_\_\_\_**

**Seleccionar con una X el nivel Académico (Alumno) y el Área de investigación del Caso Clínico:**

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| **Licenciatura** | **Academia**  | **Marcar (X)**  |
| Básica  |  |
| Social  |  |
| Integral  |  |
| Rehabilitación  |  |
| Pediatría  |  |
| Cirugía  |  |
| Patología y Diagnóstico |  |
| **Posgrado** | **Terminal**  | **Marcar (X)**  |
| Ortodoncia  |  |
| Pediatría  |  |
| Rehabilitación oral  |  |
| Endodoncia  |  |

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| **Área de investigación**  | **Marcar (X)**  |
| Básica  |  |
| Epidemiológica  |  |
| Educativa  |  |
| Social  |  |
| Clínica  |  |
| Otros |  |
|  |  |
| **Número de registro del proyecto** |  |

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| **Nombre de los participantes** | **ID/ Núm. de Matrícula**  | **Correo electrónico**  | **Firma**  |
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| **Alumno/Investigador:**  |  |  |  |
| **Docente responsable:** |  | **Teléfono de contacto:** |  |

**Solicito asesoría para revisión de presentación y contenido SI\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Fecha de entrega del reporte: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**