**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 |  | | |  |  | | --- | --- | | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**