

ABSTRACT FORM

ISPRP Membership Number : _____

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: Interdental papillary reconstruction with minimal access tunnel technique using PRF through ^{microsurgical} approach.

Category: Original research

Case report / ~~series~~

Survey

Interdisciplinary

Review (e-Poster for 1yr PG / Interns)

Implants

Name of the presenters:

1. Sindhura Gadi

2. _____


3. _____

(Maximum of 3 authors for Paper / e-Poster presentation from 3 different Specialties.)

Name of the Guide: Dr. Sangeetha

Name of the institution: SRM Dental college, Ramapuram.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>G. Sindhura</u>	<u>8939601846</u>	<u>gadisindhura@gmail.com</u>
2.			
3.			


Signature of the HOD/Guide

*(Kindly mail the scanned copy of this form along with your abstract in MS word .doc / .docx format to : virtualisprp2021scientific@gmail.com)