CASE ABSTRACT

Name of the Delegate – 1 -
OSMEC ID of the Delegate-1 -
Name of the Delegate – 2 -
OSMEC ID of the Delegate-2
Name of the college/Institute/Hospital -
Guiding faculty Name and Designation -
Specialty/Department of the case -
E-mail ID
Contact Number -
Title -
Introduction OSMECON
Patient Details OSMANIA MEDICAL COLLEGE
Case Summary -
Chief complaints -
History -
Examination -
Differential diagnosis -
Management -

Investigations

Treatment -

Follow-up -

Photograph of the patient (with masked eyes) / - Clinical pictures

Photograph of case sheet

References

