MARCEL OSMF CARE SPECIALIST Doctor Registration & Onboarding Form

Powered by Marcel OMR Therapy™

An Initiative of JanSuta Pharmaceuticals

This form is for doctors who wish to **register and apply to join the Marcel OSMF Care Specialist network.**

Please provide accurate and complete information. The information submitted will be used for **professional registration, onboarding, communication, and, where applicable, inclusion in the Marcel Find a Doctor profile.**

* Indicates required question

1. Email *

SECTION A: PROFESSIONAL DETAILS

2. 1. Full Name (Dr) *

3. 2. Qualification (Degree) *

4. 3. Specialisation *

5. 4. Registration No *

6. 5. Year of Registration *

7. 6. Name of Registration Council *

8. 7. State of Registration Council *

9. 8. Upload Your Professional Photograph
(The photograph will be used for professional identification and, where you have separately consented, for your listing in the OSMF Care Specialist Network directory and related professional communications. It will not be published publicly without the applicable consent.)

Accepted formats: JPG, JPEG or PNG. Recommended maximum file size: 10 MB.

Files submitted:

SECTION B: CONTACT DETAILS

10. Clinic Address *

11. City *

12. District *

13. State *

14. PIN Code *

15. Mobile Number *

16. Mobile Number (Additonal)

17. EmailID *

18. Languages Spoken *

SECTION C1 : CURRENT PROFESSIONAL PRACTICE

19. What best describes your current professional practice? *

Mark only one oval.

- Clinical *Skip to question 21*
- Non-clinical practice — working primarily in academic, research, teaching, industry or other non-patient-care roles.
- Both clinical and non-clinical practice.
- Other:

SECTION C2 : NON-CLINICAL PRACTICE DETAILS

(Examples: teaching or academia, clinical research, pharmaceutical industry, medical affairs, scientific writing, public health, healthcare administration, product development, regulatory affairs, medical communications or consultancy.)

20. Please describe your current non-clinical practice.

SECTION D : CLINICAL PRACTICE PROFILE

21. Practice Type *

Check all that apply.

- [ ] Dental Hospital
- [ ] General Practitioner
- [ ] Cancer Hospital
- [ ] Multispeciality Clinic
- [ ] Ayurveda Clinic
- [ ] Homeopathy Clinic
- [ ] Other: _____

22. Consultation Mode *

Mark only one oval.

- ◯ In-Clinic Only
- ◯ Teleconsultation Available
- ◯ Both
- ◯ Other: _____

23. Average Patient Load (Per day) *

Mark only one oval.

- ◯ Less than 10
- ◯ 10 to 25
- ◯ more than 25

SECTION E1 : OSMF PRACTICE PROFILE

24. Do you currently manage Oral Submucous Fibrosis (OSMF) patients? *

Mark only one oval.

- ◯ Yes
- ◯ No

SECTION E2 : OSMF PRACTICE PROFILE

25. Approximate OSMF Patients Seen Per Month *

Mark only one oval.

- ◯ 1 - 10
- ◯ 11 - 25
- ◯ More than 25

26. Current OSMF Management Approaches Used *

Check all that apply.

- ☐ Patient Counselling
- ☐ Habit Cessation Guidance
- ☐ Mouth Opening Exercises
- ☐ Topical Therapy
- ☐ Intralesional Therapy
- ☐ Surgical Referral
- ☐ Other: _____

SECTION G: PROFESSIONAL PRACTICE OVERVIEW

This information is optional and may be used for the doctor's public Marcel OSMF Care Specialist “Find a Doctor” profile. Please briefly describe your clinical practice, areas of expertise, and the type of oral mucosal care you provide.

27. Briefly describe your clinical practice, areas of expertise, and the type of oral mucosal care you provide.

Suggested length: 500 words

SECTION H : COMMUNICATION CONSENT

Please select the types of professional communication you would like to receive from JanSuta Pharmaceuticals.

You may change your communication preferences or withdraw your consent at any time by contacting JanSuta Pharmaceuticals.

28. I consent to receive professional communications from JanSuta Pharmaceuticals regarding: *

Check all that apply.

- [ ] Clinical Updates
- [ ] Training Programs
- [ ] Educational Resources
- [ ] Product Information & Updates
- [ ] Research Activities
- [ ] Event & Webinar Invitations

29. I agree to receive the communications selected above from JanSuta Pharmaceuticals through Email, SMS and WhatsApp. *

Mark only one oval.

- ( ) Yes

SECTION I : DECLARATION

30. I hereby declare that the information provided in this form is true and correct to the best of my knowledge. I agree to abide by the professional and ethical standards associated with participation in the Marcel OSMF Care Specialist initiative. *

Check all that apply.

- [ ] I Agree

31. I understand that submission of this form is an application for registration and onboarding as a Marcel OSMF Care Specialist and does not by itself constitute confirmation of approval or inclusion in the Marcel Find a Doctor profile. *

Check all that apply.

- [ ] I Agree

SECTION J : CONSENT FOR PROFESSIONAL LISTING & PATIENT CONNECTION

The following consent choices help us understand your preferences regarding professional visibility and patient connections through the OSMF Care Specialist Network. Both choices are voluntary. You may select either or both options, and your preferences will be respected.

32. I consent to JanSuta Pharmaceuticals featuring my approved professional information on the OSMF Care Specialist Network directory, website, social media platforms and related awareness or educational materials, for the purpose of helping patients identify healthcare professionals with an interest in OSMF care. *

Mark only one oval.

- ◯ Yes, I consent.
- ◯ No, I do not consent.

33. I confirm that the choices I have made above reflect my preferences. I understand that participation is voluntary and that my consent applies only to the purposes I have selected. *

Check all that apply.

- [ ] I confirm.

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