









BIOGRAPHICAL INFORMATION FORM

Prof/Dr/Mr/Mrs/Ms:	Last Name (Surname):	First Name:
Prof. Dr.	Oğuz	Berna
Organisation / Institution:		Preferred Name for Name Plate / Badge:
Hacettepe University Faculty of Medicine		Prof. Dr. Berna Oğuz
Department of Radiology		
Pediatric Radiology Division		



Prof/Dr/Mr/Mrs/Ms:

Prof. Dr.

Name as it should appear in the biography: **Berna Oğuz**

Key qualification(s) that will be of interest to attendees at this conference: Pediatric Radiologist at Hacettepe University Faculty of Medicine

Special awards or recognition:

Click or tap here to enter text.

Field or specialization; include number of years' experience:

From 1998 to 2018, I have 20 years experience in radiology

From 2003 to 2018, I have 15 years experience in pediatric radiology