## APPLICATION FORM FOR BASIC TREATMENT IN DENTAL MEDICINE SUMMER PRACTICE 2019

## Basic Treatment in Dental Medicine summer practice (4 weeks) on the Faculty 08 July-02 August or outside the Faculty in July and August

Name, group number:

Address:

Chosen time:\_\_\_\_\_

Place of summer practice (name, address, phone number):

6720, Szeged, Tisza Lajos körút 64.

Name of supervisor:

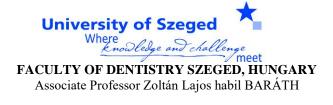
dr. Márk Fráter

In case the summer practice is done outside the Faculty the submission of the Letter of Acceptance is mandatory.

signature

Deadline for submission: 05 April, 2019







H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62) 545-299, Fax: (00 36 62) 545-282 E-mail: stoma@stoma.szote.u-szeged.hu

# **LETTER OF ACCEPTANCE** 4-week practice in basic treatment in dental medicine

Submission deadline: 05 April, 2019.

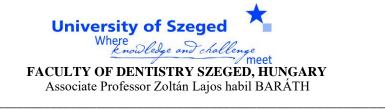
Name of the student:	Sher	IED (		
Period of practice (DD/MM/YYYY):	From:	To:	-	
Name of the hospital/clinic:				
Department:				
Address of the hospital/clinic:				
Accreditation number of the hospital/clinic:	F F L			
Contact person:				
Phone number:	FIFI RE			
E-mail address:			1	

I declare that the above-named student of the University of Szeged is accepted to perform his/her compulsory basic treatment in dental medicine summer practice at our institution for a period of 4 weeks, furthermore, that the means of completing the tasks listed on page 2 of this form are provided and that he/she is entitled to complete them.

I declare that the clinic/hospital has an operating licence and based on the patients' data is competent of the training of dental students within the frame of the summer practice.

Date:		1
Signature:	2007	67
FOGOPT		JI KAR
	TUDOMA	
		Institution seal/stamp







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#### UNIVERSITAS SCIENTIARUM SZEGEDIENSIS UNIVERSITY OF SZEGED

Faculty of Dentistry

### BASIC TREATMENT IN DENTAL MEDICINE PRACTICE EVALUATION SHEET 4 weeks

UC	ompulsory tasks to be completed	Stamp and signature of the supervise
1.	One piece of upper or lower total removable denture, or fixed prothesis	
2.	One piece of partial removable denture or one piece of post and core with crown or one piece of short bridge	FIEN
3.	Four fillings, one inlay, two root canal preparations and obturations	
4.	Recording of periodontal status of four patients, completion of treatment planning	
5.	Completion of non-surgical periodontal treatments	ELE- /

The completion of each task must be verified individually with the stamp and the signature of the student's supervisor at the institution.

	s:
Address of the hospital/clinic in capital le	etters: Country: City:
Department: Accreditations of the hospital/clinic:	2002
Name of the supervisor in capital letters: Phone number:	
E-mail address:	@
Date:	Signature and stamp

