



Faculty of Dentistry

BASIC TREATMENT IN DENTAL MEDICINE PRACTICE EVALUATION SHEET
4 weeks

This is to certify that Mr./Ms.
(born on (DD/MM/YYYY) in (city/country)/.....)
completed every one of the following tasks as a part of an basic treatment in dental medicine practical training at our institution:

Compulsory tasks to be completed	Stamp and signature of the supervisor
1. One piece of upper or lower total removable denture, or fixed prosthesis	
2. One piece of partial removable denture or one piece of post and core with crown or one piece of short bridge	
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	

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

Period of practice: From (DD/MM/YYYY) to (DD/MM/YYYY)

Name of the clinic/hospital in capital letters:

Address of the hospital/clinic in capital letters: Country: City:.....

Department:

Accreditations of the hospital/clinic:

Name of the supervisor in capital letters:

Phone number:

E-mail address:@.....

Evaluation of the student:

Date: Signature and stamp