



LETTER OF ACCEPTANCE

2 weeks/60 hrs of dermatology practice

Name of the student:.....

Period of practice:.....

Number of weeks:

Name of the hospital/clinic:.....

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp



DERMATOLOGY PRACTICE

I. OUTPATIENT CLINIC

- general dermatology
- allergology
- oncodermatology
- leg ulcer clinic
- STI clinic
- light therapy
- laser and aesthetic clinic

II. INPATIENT CLINIC

- general dermatology
- immunotherapy
- oncodermatology

III. EXAMINATIONS AND PROCEDURES

1. Surgery

- Use of electrocautery to remove superficial benign lesions
- Cryotherapy
- Incision of skin infections
- Excochleatio

2. Wound Care

- Wound cleaning: debridement, removal of small (no larger than 4-5 cm in diameter) necrotic tissue
- Treatment of burns less than 10%
- Hemostasis with tamponade or bandaging

3. Diagnostic Procedures

- Punch biopsy
- Shave biopsy
- STI sampling from men
- STI sampling from women
- Microscopic evaluation of Gram-stained vaginal and urethral smears
- Dermatoscopic examination
- Microscopic fungal examination

4. Specialised Therapies

- 311 nm UVB total body phototherapy
- PUVA total body phototherapy