



LETTER OF ACCEPTANCE

2 weeks/60 hrs of oral and maxillofacial surgery 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



ORAL AND MAXILLOFACIAL SURGERY

TASKS:

The student participates in the outpatient operation of the Clinic:

- helps in the care of patients who have been returned for follow-up and in dressing changes
- performs simpler tasks (e.g. removing stitches) under the supervision of a specialist
- assists in outpatient procedures
- participates in specialist appointments

The student can view elective and acute surgical cases, and depending on the surgical situation, can assist in procedures

The student can participate in patient preparation and surgical planning