University of Szeged, Albert Szent-Györgyi Medical School
Dean's Office, Foreign Students' Secretariat
6 Szőkefalvi-Nagy Béla u., H-6720 Szeged, Hungary
Telephone: +3662 545458 office.aokto@med.u-szeged.hu

LETTER OF ACCEPTANCE

2 weeks/60 hrs of plastic 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

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PLASTIC SURGERY PRACTICE

Anatomy & Principles:

anatomy, and specific body regions (head/neck, limbs)

skin anatomy

soft tissue principles

Wound Management:

principles of wound healing

non-operative care

burns

cutaneous lesions

Participation in the operating theatre

skin lesion excision

skin closure

suturing

skin grafting (full-thickness- and half split skin graft)

basic flap design (local, random)

Specialized Topics:

breast reconstruction

electrochemotherapy