



LETTER OF ACCEPTANCE

2 weeks/60 hrs of urology 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



UROLOGY PRACTICE

TASKS

1. Participate in the process of outpatient patient care
2. Perform ultrasound examinations
3. Perform physical examinations
4. Participate in morning rounds
5. Assist in departmental medical tasks
6. Master catheterization and bandaging
7. Perform bladder function tests, learn about urodynamic devices
8. Learn about stoma treatment
9. Participate in the surgical program as assistants
10. Learn about all the details of the clinic's operation during departmental discussions