



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS
UNIVERSITY OF SZEGED

Albert Szent-Györgyi Medical School

DISTRICT ADULT CONSULTATION EVALUATION SHEET

(1 week/30 hours) 6th year

Student's name:

Student's Neptun code:

Name and address of GP:

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Period of practice:

Number of hours completed:

Tasks completed during the practice:

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Evaluation of the student:

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Date:

Stamp of GP

Signature of GP