



## **LETTER OF ACCEPTANCE**

1 week/30 hrs of traumatology practice

Name of the student:.....

Period of practice:.....

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



## **TRAUMATOLOGY PRACTICE**

### **General program:**

1. Radiological and clinical examination of head injuries
2. Radiological and clinical examination of chest injuries, X ray, CT
3. Radiological and clinical examination of hip fractures and treatment options
4. Radiological and clinical examination of radius fractures and treatment options
5. Clinical examination of peripheral circulation and innervation
6. Moberg examination of the hand