



University of Szeged

Where *Knowledge and challenge* meet

FACULTY OF DENTISTRY SZEGED, HUNGARY

Dean: Associate Professor Kinga TURZÓ Ph.D.



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## LETTER OF ACCEPTANCE

### 4-week practice in basic treatment in dental medicine

Submission deadline: May 8, 2017

Name of the student:		
Period of practice (DD/MM/YYYY):	From:	To:
Name of the hospital/clinic:		
Department:		
Address of the hospital/clinic:		
Accreditation number of the hospital/clinic:		
Contact person:		
Phone number:		
E-mail address:		

I declare that the above-named student of the University of Szeged is accepted to perform his/her compulsory **basic treatment in dental medicine summer practice** at our institution for a period of **4 weeks**, furthermore, that the means of completing the tasks listed on page 2 of this form are provided and that he/she is entitled to complete them.

Date:	
Signature:	

Institution seal/stamp

University of Szeged, Faculty of Dentistry — Foreign Students' Secretariat  
Dóm tér 12., Szeged 6720, Hungary | Phone: +36/62/545-029 | Fax: +36/62/545-028  
Web: [www.szegedmed.hu](http://www.szegedmed.hu) | E-mail: [dent2.fs@med.u-szeged.hu](mailto:dent2.fs@med.u-szeged.hu)



### Basic treatment in dental medicine summer practice

4 weeks

#### Compulsory tasks to be completed during the practice spent at a foreign institution

- One piece of upper or lower total removable denture, or fixed prosthesis
- One piece of partial removable denture or one piece of post and core with crown or one piece of short bridge
- Four fillings, one inlay, two root canal preparations and obturations
- Recording of periodontal status of four patients, completion of treatment planning
- Completion of non-surgical periodontal treatments

