



Faculty of Dentistry

ODONTOTECHNOLOGY PRACTICE EVALUATION SHEET
2 weeks

This is to certify that Mr./Ms.
(born on (DD/MM/YYYY) in (city/country)/.....)
completed every one of the following tasks as a part of an odontotechnology practical training at our institution:

- Drawing of teeth (incisor, canine), carving teeth in wax (upper first incisor with root), handpieces and burs in use, demonstration
- Drawing of teeth (premolars and molars), carving teeth in wax (lower premolar with root)
- Carving teeth in plaster (upper premolar), learn to use handpieces and burs
- Carving teeth in plaster, learn to use handpieces and burs
- Use of impression materials on mannequin
- Making study casts, bite registration
- Mounting the casts in the articulator – demonstration
- Mounting the casts in the articulator based on Bonwill triangle
- Preparation of resin teeth, embedding them in plaster
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Mounting the casts in the articulator
- Visiting the dental technical laboratory
- Mounting the casts in the articulator
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Teeth recognition practice (on extracted human teeth)
- Power Point presentation about a dental technical procedure with own photos taken in the laboratory
- Evaluation of model mounting

Period of practice: From (DD/MM/YYYY) to (DD/MM/YYYY)

Name of the clinic/hospital in capital letters:

Address of the hospital/clinic in capital letters: Country: City:

Department:

Accreditations of the hospital/clinic:

Name of the supervisor in capital letters:

Phone number:

E-mail address:@.....

Evaluation of the student:

Date: **Signature and stamp**