

# CERTIFICATE

## OF 4 WEEKS SUMMER DENTAL OFFICE PRACTICE (Compulsory after the 4th year)

Student's name: \_\_\_\_\_ Neptun code: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

The above student of SEMMELWEIS University, Budapest, Faculty of Dentistry has duly performed the compulsory 4 weeks summer dental office practice in the undermentioned hospital/clinic under my supervision.

**Duration of practice:**

from: \_\_\_\_\_ until: \_\_\_\_\_

**Evaluation:**

excellent / satisfactory / unsatisfactory

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Name of Clinic/Hospital

\_\_\_\_\_  
Signature of Professor in charge/  
Head of Department

\_\_\_\_\_  
Stamp of Clinic/Hospital

\_\_\_\_\_  
Name in capital letters of Professor  
in charge/Head of Department

The student has to practice whole scale comprehensive dental treatment.

**Including:**

- Oral Prophylaxis,
- Restorations,
- Root Canal Therapy,
- Minor Prosthodontics and
- Er. Management.