

CERTIFICATE

OF MINIMUM 1 WEEK SUMMER DENTO-ALVEOLAR PRACTICE (Compulsory after the 3rd 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 minimum 1 week summer dento-alveolar 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

Program:

- Practicing tooth extractions, local anesthesia.
- Assisting at minor oral surgical procedures.
- Practicing post-surgical patients' management.
- Carrying out surgical tooth extraction under supervision.
- Carrying out minor dento-alveolar surgical procedures under supervision.