

LETTER OF ACCEPTANCE

FOR OBLIGATORY SUMMER PRACTICE IN DENTAL LABORATORY TECHNICAL 2 WEEKS

Student's name: _____ Neptun code: _____

Date and place of birth: _____

The above student of SEMMELWEIS University, Budapest is authorized to perform his/her SUMMER PRACTICE in our department according to the required 2 weeks Dental Laboratory program.

Duration of practice:

from: _____ until: _____

Date and place

Dental Laboratory Technical Practice (60' hours)

Two weeks should be spent in a dental laboratory where students should practice dental laboratory procedures:

- casting,
- investing,
- setting up teeth and
- carving wax models.

It is recommended to mix stones, plasters, pour impressions and make sculpture wax teeth.

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