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

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Stamp of Clinic/Hospital

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