

LETTER OF ACCEPTANCE

FOR OBLIGATORY SUMMER PRACTICE IN DENTO-ALVEOLAR SURGERY MINIMUM 1 WEEK

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 minimum 1 week Dento-Alveolar program.

Duration of practice:

from: _____ until: _____

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.