



**Certification on the Completion of Summer Practice**

*Two-week long dentoalveolar summer practice to be completed at the end of third year (FO\_NYGY\_3 EVF)*

(Prerequisite of the summer practice: Oral Surgery Propedeutics. The completion of the summer practice is a prerequisite of Complex Dentistry I and Oral Surgery I)

**Themes of the dentoalveolar summer practice:**

- Taking medical history (recommended number: 5)
- Patient’s examination (recommended number: 5)
- Recording patient’s status (recommended number: 5)
- Performing infiltration anesthesia and conduction anesthesia (recommended number: 5 of each)
- Simple tooth extraction (recommended number: 3)
- Post-extraction consultation (recommended number: 3)
- Stich removal (recommended number: 3)
- Postoperative treatment of intraoral wounds (recommended number: 3)

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**Name and Neptun code**

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**Place of the summer practice**

*(If the summer practice is completed at a place (dental practice) other than the Faculty of Dentistry, the authorized signatory must make a written declaration that they are suitable to receive dental students for the summer practice)*

The aforementioned dental office is accredited by the UD-FD, Semmelweis University - FD, University of Szeged - FD, University of Pécs - FD  
(please underline the appropriate)

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**Date of the summer practice (from to; dd/mm/yyyy format)**

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**Name of the certifying dentist**

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**Signature and seal of the certifying dentist**

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**Dated: (place, date)**

**The above named student has completed/has not completed the summer practice. (Please underline the appropriate.)**