



**Certification on the Completion of Summer Practice**

*Four-week long Complex Dentistry Summer Practice at the end of fourth year (FO\_NYGY\_KOMPLEX)*

(Prerequisite of the summer practice: Complex Dentistry II. The completion of the summer practice is a prerequisite of Complex Dentistry III.)

**Themes of the Complex Dentistry summer practice:**

In the framework of complex patient’s care, students perform the following treatments in accordance with the needs of the patients:

- Taking medical history (recommended number: 10)
- Patient’s examination (recommended number: 10)
- Recording patient’s status (recommended number: 10)
- Diagnosis (recommended number: 10)
- Making treatment plans (recommended number: 10)

In the framework of patient care:

- Performing infiltration anesthesia and conduction anesthesia (recommended number: 10 of each)
- Having the theoretical and practical knowledge of restorative and endodontic treatments, and performing restorative and endodontic treatments
- Participating in the preparation of different kinds of crowns and bridges; having the theoretical and practical knowledge of the indication, contraindication and preparation thereof
- Participating in the preparation of full and partial plates; having the theoretical and practical knowledge of the indication, contraindication and preparation thereof
- Basic concepts of gnathology; theoretical and practical knowledge of the anatomy and pathology of the TMJ
- Basis concepts of dental technology

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**Name and Neptun code of the Student**  
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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 summer practice)*

**The aforementioned dental office is accredited by the UD-FD, SU-FD, USZ-FD, UP-FD (please underline the applicable one)**

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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 applicable.)**