

**APPLICATION FORM FOR ODONTOTECHNOLOGICAL SUMMER PRACTICE
2019**

Odontotechnological Summer Practice (2 weeks)
on the **Faculty** 08 July - 19 July or 22 July-02 August
or **outside the Faculty** in July and August

Name, group number:

Address:

Chosen time:

Place of summer practice (name, address, phone number):

6720, Szeged, Tisza Lajos körút 64.

Name of supervisor:

dr. Krisztina Ungvári, dr. Nóra Heltai

In case the summer practice is done outside the Faculty the submission of the Letter of Acceptance is mandatory.

signature

Deadline for submission: 05 April, 2019.



H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62) 545-299, Fax: (00 36 62) 545-282 E-mail: stoma@stoma.szote.u-szeged.hu

LETTER OF ACCEPTANCE

2-week practice in Odontotechnology

Submission deadline: 05 April, 2019.

Name of the student:	
Period of practice (DD/MM/YYYY):	From: _____ To: _____
Name of the hospital/clinic:	
Department:	
Address of the hospital/clinic:	
Accreditation number of the hospital/clinic:	
Contact person:	
Phone number:	
E-mail address:	

I declare that the above-named student of the University of Szeged is accepted to perform his/her compulsory odontotechnology summer practice at our institution for a period of 2 weeks, furthermore, that the means of completing the tasks listed on page 2 of this form are provided and that he/she is entitled to complete them.

I declare that the clinic/hospital has an operating licence and based on the patients' data is competent of the training of dental students within the frame of the summer practice.

Date:	
Signature:	

Institution seal/stamp



Odontotechnology summer practice

2 weeks

Compulsory tasks to be completed during the practice spent at a foreign institution

- Drawing of teeth (incisor, canine), carving teeth in wax (upper first incisor with root), handpieces and burs in use, demonstration
- Drawing of teeth (premolars and molars), carving teeth in wax (lower premolar with root)
- Carving teeth in plaster (upper premolar), learn to use handpieces and burs
- Carving teeth in plaster, learn to use handpieces and burs
- Use of impression materials on mannequin
- Making study casts, bite registration
- Mounting the casts in the articulator – demonstration
- Mounting the casts in the articulator based on Bonwill triangle
- Preparation of resin teeth, embedding them in plaster
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Mounting the casts in the articulator for gnatology practice
- Visiting the dental technical laboratory
- Mounting the casts in the articulator for gnatology practice
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Teeth recognition practice (on extracted human teeth)
- Power Point presentation about a dental technical procedure with own photos taken in the laboratory
- Evaluation of model mounting



Faculty of Dentistry

ODONTOTECHNOLOGY PRACTICE EVALUATION SHEET
2 weeks

This is to certify that Mr./Ms.
(born on (DD/MM/YYYY) in (city/country)/.....)
completed every one of the following tasks as a part of an odontotechnology practical training at our institution:

- Drawing of teeth (incisor, canine), carving teeth in wax (upper first incisor with root), handpieces and burs in use, demonstration
- Drawing of teeth (premolars and molars), carving teeth in wax (lower premolar with root)
- Carving teeth in plaster (upper premolar), learn to use handpieces and burs
- Carving teeth in plaster, learn to use handpieces and burs
- Use of impression materials on mannequin
- Making study casts, bite registration
- Mounting the casts in the articulator – demonstration
- Mounting the casts in the articulator based on Bonwill triangle
- Preparation of resin teeth, embedding them in plaster
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Mounting the casts in the articulator
- Visiting the dental technical laboratory
- Mounting the casts in the articulator
- Making upper and lower jaw alginate impression from each other, bite registration, making a cast
- Teeth recognition practice (on extracted human teeth)
- Power Point presentation about a dental technical procedure with own photos taken in the laboratory
- Evaluation of model mounting

Period of practice: From (DD/MM/YYYY) to (DD/MM/YYYY)

Name of the clinic/hospital in capital letters:

Address of the hospital/clinic in capital letters: Country: City:

Department:

Accreditations of the hospital/clinic:

Name of the supervisor in capital letters:

Phone number:

E-mail address:@.....

Evaluation of the student:

Date: **Signature and stamp**