

FACULTATEA DE MEDICINĂ DENTARĂ

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UMF
UNIVERSITATEA DE
MEDICINĂ ȘI FARMACIE
IULIU HAȚIEGANU
CLUJ-NAPOCA

Name:

Practical Activity Report IIIrd Year

| No. | Period | Activity requirement | Activity performed | Instructor's signature and seal/stamp |
|-----|--------|--|--------------------|---------------------------------------|
| 1 | | Patient's clinical exam. History taking, clinical examination – local and regional E | | |
| 2 | | Prophylactic procedures – identifying and highlighting bacterial plaque; identifying eventual risk factors for the patient examined; professional tooth brushing personalized to the needs of each case. | | |
| 3 | | Preparing different types of dental materials. | | |
| 4 | | Topic anesthesia and local anesthesia in dentistry. | | |
| 5 | | Dental diagnosis – simple dental caries and complicated dental caries | | |
| 6 | | Standard forms used in dentistry – medical receipt, medical letter, medical certificate, etc. | | |

Doctor's signature and seal/stamp (Holder of the dental office)