Protocol of practical training Restorative Dentistry V. year

Simulation

Name and surname:

ID:

Date:

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| --- | --- | --- | --- | --- |
| Task | Cavity | Rubberdam | Matrix | Filling |
| Cavity II. class MO for composite, maxillary molar |  |  |  |  |
| Cavity II. class for composite MOD, mandibulary molar |  |  |  |  |
| Cavity II. class for composite OD, mandibulary premolar  |  |  |  |  |
| Cavity III.class M |  |  |  |  |
| Cavity III. class D |  |  |  |  |
|  |  |  |  |  |
| Cavity V. class for composite |  |  |  |  |
| Cavity V. class for glassionomer |  |  |  |  |

Clinical part

Name and surname

ID:

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| --- | --- | --- | --- | --- | --- |
| Date | Patient | Diagnosis | Treatment | Code | Stamp and signature of the teacher |
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