Protocol

Restorative VI. 5th year

<u>Simulated part</u>

Name and surname:

Identity number:

Date:

1. Cavity class II. OD for amalgam on the tooth 26
2. Cavity class II. for composite, tooth 35 MOD make a filling
3. Cavity class III.. tooth 21 mesially and distally, make a filling
4. Cavity class V. for composite tooth 21, make a filling.
5. Cavity class V. for GIC, tooth 26, make a filling
6.

Cavity class II. for Ag		
Cavity class II. for composite		
Cavity class III.. tooth 21 mesilly – prep.filling		
Cavity class III.. tooth 21 distally – prep.filling,		
Class V.preparation, filling		

Protokol praktické výuky

Restorative VI. 5th year

<u>Clinical part + enclose socumentation of the patient (signed by the teacher)</u>

Name and surname:

Identity number:

Date	Pacient	Diagnosis	Treatment	Code	Stamp and signature