PROGRESS REPORT – Restorative Dentistry

Name with initials:		SLMC Prov	SLMC Provisional Reg. No:		
Appointment : From	То				
Name of the consultant:	• • • • • • • • • • • • • • • • • • • •	Specialty:	Restorative Dentistry		
Grading evaluation: [Three mon	ths appointment]				
0=very poor, 1=poor, 2 average,	3=good, 4=very goo	od			
	.	Grade	Remarks/Comments		
Clinical history, physical exa documentation*	mination and				
2. Management of relevant pa emergencies*	tient problems and				
3. Preventive skills*					
4. Practical skills*					
5. Ethics and attitudes*					
developmental anomal assess, screen and to can assess, screen and to can assess as assess, screen and to can assess as assess as assess as assess as a	ing relevant investige able to educate, as ental caries, periodo tive procedures on pies arry out the initial montic procedures ation, diagnosis and ed dentition ous and partially designed professional collection and professional collection in acade	ily status, instructions, prescriusess risk, and protein disease, department of the provide emerginal relationship anduct, patient	bing treatment and mana crovide preventive advice ental trauma and tooth so ental caries, tooth substa periodontal disease ency and initial managen with simple prostheses os, communication with t empathy, willingness t	agement. afor common ubstance loss ance loss or ment of a patients and	
6. Additional comments on the	ne back of this page				
7. Received my evaluation ce	rtificate.				
			Intern's S	ignature	
Name of the Consultant	Seal	Signature	e Date		
Head of Institution	Seal	Signature		 e	

Reporting commendable events:
Reporting adverse issues (specify details) and remedial actions: