



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

MGD Part II Examination

Clinic Visit – 8th-11st August 2017

Name of Candidate : _____

Practice Address :

(English) _____

(Chinese) _____

Clinic Telephone : _____ Mobile Phone : _____

Candidate's signature : _____ Date : _____

IMPORTANT : Please note that you will have to sign a declaration form saying that the above address is the dental practice where you have been spending the majority of your clinical hours in the 6 months prior to the date of Clinic Visitation in August 2017.

Please return to : Chairman, Committee of General Dentistry
The College of Dental Surgeons of Hong Kong
Fax : 2873 6731 or Email : mgd_info@cdshk.org
(Deadline : 10 February 2017)