

THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
DIPLOMA OF MEMBER IN GENERAL DENTISTRY EXAMINATION
(MGD CDSHK)

MGD PART II 2020

PRACTICE PORTFOLIO

Candidate Name

Dr. XXX

Address:

xxxxxx

Phone: 1234 1234

E-mail: xxx@xxx.com

Practice website: xxx.com

1. What is your status / position in the practice?

2. How long have you held this position?

3. Please indicate the staff in your practice:

Other Dentist(s):

- Total number
- Any Specialists (please specify)

DSAs:

- Total number
- How many qualified (please state qualifications)

Other staffs:

- Total number
- Please specify each position

4. Describe how you manage your practice with respect to the followings:

- (a) Infection Control
- (b) Staff Management
- (c) Risk Management including Statutory Compliance
- (d) Patient Education
- (e) Radiography
- (f) Clinical Record
- (g) Management of Medical Emergencies
- (h) Any other relevant areas

Candidates should limit the Portfolio to 2500 words and not more than a total number of 20 photos, diagrams, tables, etc.

5. Please enclose 3 printed copies in A4 size paper, three copies of your name card and practice information booklet and any other information which is routinely provided for your patients

Signed

Date: DD/MM/YYYY