THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香 港 牙 科 醫 學 院

MGD Part II Examination

Clinic Visit (12 - 14 May 2027)

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 May 2027.

Please return to : Chairman, Committee of General Dentistry
The College of Dental Surgeons of Hong Kong
Email : mgd_info@cdshk.org
(Deadline : 12 November 2026)