

بسم الله الرحمن الرحيم



King Saud University  
College of Dentistry

ORAL MEDICINE CLINIC  
Student Evaluation Form

Course No. \_\_\_\_\_

	US	S	S+
1. Medical & Dental History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radiographic Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Diagnosis Aids, Electric Pulp Tester, Cytology, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professional Conduct and patient's Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Total Points: \_\_\_\_\_ Grade: \_\_\_\_\_ Instructor's Sign. \_\_\_\_\_

Note: Preferably entire case to be graded by one instructor.