**Dental Equipment Loan Checklist**

**Dental Instruments Stock Office, Faculty of Dentistry, Chulalongkorn University**

Mr./Mrs./Miss/Ms. ........................................................................... Student ID..................................... Program....................................................................Field of Study.......................................................................

I examined the list of dental equipment loans of the Dental Instruments Stock Office of the Faculty of Dentistry, Chulalongkorn University**.**

❑ I have not borrowed any dental equipment of the Dental Instruments Stock Office while I am enrolled at the Faculty of Dentistry.

❑ I have borrowed the dental equipment of the Dental Instruments Stock Office while I am enrolled at the Faculty of Dentistry.

Types of instrument/equipment……………………………………………………. amount……………………….…

I hereby confirm that the equipment listed have been returned to the Dental Instruments Stock Office of the Faculty of Dentistry, Chulalongkorn University on………………………………………………..

Student Signature .....................................................................

(.....................................................................)

Date ................./.................................../................

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The Dental Instruments Stock Office verified the information above. The details are as follows:

❑ The student has not borrowed the dental equipment while studying at the Faculty of Dentistry.

❑ The student has borrowed the dental equipment while studying at the Faculty of Dentistry.

Types of instrument/equipment………………………………………………amount…………………………………

The Student has returned the dental equipment to the Dental Instruments Stock Office of the Faculty of Dentistry, Chulalongkorn University on…………………………………………………….……………. I hereby certify that the information above is true.

Signature .....................................................................

(....................................................................)

Staff of Dental Instruments Stock Office Date ................/...................................../................