【Form R\*】

Date : ＿＿＿, ＿＿＿, ＿＿＿＿＿

To the Dean of Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University,

It is my great pleasure to introduce Dr. ＿＿＿＿＿＿＿＿＿＿

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Finally, I sincerely expect that after successful completion of this course, Dr. ＿＿＿＿＿＿＿ will continue to work as faculty of our university for the betterment of our people in the area of basic oral health needs.

Name : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Position : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Name of the institution : ＿＿＿＿＿＿＿＿＿＿＿＿

Singature : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿