

University Clinic (or Institute) xxx, place

Clinic (or Institute) of xxx

Director: Prof. Dr. med. xxx

Supervisor: Title, first name, last name

Work under guidance of: Title, first name, last name

**Title of Master thesis**

**Title Title Title**

**Study design of Master work**

## **MASTER THESIS**

for attainment of the academic degree  
Master of Dental Medicine (M Med Dent)

of the Medical Faculty of the University of Bern  
submitted the date

first name, last name (matriculation number)  
of place